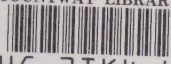
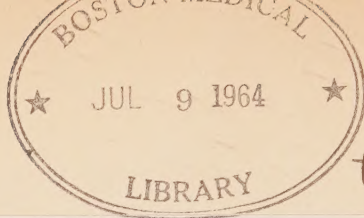


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BY MARY ADELAIDE NUTTING, R.N., M.A.

A HISTORY OF NURSING

In collaboration with LAVINIA L. DOCK, R.N.

A SOUND ECONOMIC BASIS FOR SCHOOLS OF NURSING
AND OTHER ADDRESSES

A Sound Economic Basis For Schools of Nursing

And Other Addresses

By

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TO THE STUDENTS AND GRADUATES
OF THE
JOHNS HOPKINS HOSPITAL
SCHOOL OF NURSING, BALTIMORE
AND OF
THE DEPARTMENT OF NURSING EDUCATION,
TEACHERS COLLEGE, COLUMBIA UNIVERSITY
THIS BOOK IS AFFECTIONATELY DEDICATED

PREFACE

THE papers in this volume are gathered together at the request of former students who believe that they hold something of value, which would be more serviceable in this form, than scattered through the pages of the various publications in which they have appeared during the last twenty-five years. All of the papers deal in one way or another with nursing, and most of them are concerned with the problems arising in the growth and development of Schools of Nursing. In large measure, this material presents the outcome of my own experience in the education of nurses, extending over many years, first in a hospital training school, and later in the graduate department of a university.

The articles were written in the midst of crowded, laborious days, and in going over them I have found it necessary to rewrite certain parts. Alterations in phrasing have been made, but there have been none, I think, in meaning, and the general drift and conclusions are unchanged. There is repetition,—a good deal of it, but this it seems to me was bound to appear, in a series of papers and addresses which, though given at different places and at various stages of nursing growth, were all concerned with a single field of work, in which conditions yielded slowly to reform, and the same problems continued year after year to press for attention. It is

hardly necessary to say that I do not now hold every opinion expressed here, yet time has not led me to modify greatly the points of view presented.

I have chosen as the title of the book *A Sound Economic Basis for Schools for Nursing*, because this paper seems in a way to form the key-note of the contents. The root of all the main problems in nursing will be found, I believe, if carefully studied, to be economic in nature. This is certainly true in the education of nurses, where for the past fifty years, students of schools of nursing everywhere, have formed the chief labor supply in the nursing service of the hospitals to which these schools are attached. The effort to do honest educational work in a place and a medium designed and conducted for other purposes, has brought about complex situations and curiously baffling problems. It is with the questions that must inevitably arise from such a relationship between school and hospital that most of the papers attempt to deal.

Economic also in nature, as we are just beginning to recognize, are the dominant problems in private nursing, where nurses, generally, are subject to excessively long hours, seasonal employment, uncertain income, a short working life and other peculiar disadvantages, which no amount of nursing skill or ability, no degree of devoted effort, have power to alter.

The whole situation can, I think, be traced back to the economic position of woman in the home in which nursing arose, and in which, notwithstanding our many hospitals, most nursing is still carried on, and to her position in the monastic orders, in which for centuries the care of the sick was a main activity, a voluntary service, with poverty as the rule of life. Nursing, from whatever angle you approach it, labors under an ac-

cumulated mass of tradition, which has made clear thinking difficult. Advances in the education of nurses have throughout history meant the breaking down of many pre-conceived ideas and the reluctant surrender of cherished beliefs. Under the circumstances, progress has naturally been a slow and arduous task. Nevertheless, a good many improvements have been brought about, and certain advances that twenty-five years ago seemed far away ideals, are to-day's accepted working realities.

But with the great basic reform, that dealing with the economic status of these schools, little real headway has been gained until within the last few years. It would be hard therefore to overestimate the significance of the gifts recently made which have provided substantial endowments for the Schools of Nursing of Yale, the Western Reserve, Vanderbilt, and (it is lately announced), of Chicago Universities. We are encouraged to hope that these are but the beginnings of similar efforts to strengthen the schools engaged in preparing workers for so important a field of public service. Their difficulties, as well as their weaknesses, should be more commonly known and more fully understood. I shall be glad if these papers can contribute in any degree to that end.

M. A. NUTTING.

NEW YORK,
September 20, 1926.

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A SOUND ECONOMIC BASIS FOR
SCHOOLS OF NURSING, AND
OTHER ADDRESSES

A SOUND ECONOMIC BASIS FOR SCHOOLS OF NURSING¹

THE clear implication in the title of this paper is that training schools for nurses do not at present rest upon an entirely sound economic foundation. It is advisable, therefore, I suppose, at the outset to try to show upon what kind of a basis such schools for nurses do actually rest, and to see how it compares with that of other schools and colleges.

The ordinary school or college with which we are familiar has three main ways of securing support. These are through public funds derived from taxation, through private funds by gifts, and through fees from students. The older of our great universities were founded by public moneys; the younger, such as Johns Hopkins, Stanford and Chicago Universities, by private benevolence. Women's colleges have almost without exception arisen through private gifts, individual or collective. Both universities and women's colleges are largely maintained by private philanthropy and all of them are perpetually seeking additional funds.

¹ An address given before the New York State Nurses Association, October, 1916.

The alumnae of Vassar, Smith, Wellesley and others labor assiduously to gather contributions for their several colleges, either "to increase existing endowments, to add new buildings, or to establish some new branch of instruction. Smith College, which just reports the admission of 1700 students, has quite recently closed a successful campaign¹ for a million dollars¹; Wellesley has in an astonishingly brief time secured a much larger sum to restore her buildings lost by her disastrous fire. Bryn Mawr has recently had about three-quarters of a million given her by one alumna for the establishment and development of a particular line of work. Barnard has within the last month received from Jacob Schiff the splendid gift of over half a million for a new building. Within the space of two or three days, recently, there were announced in the daily press gifts to a few of our eastern colleges within a comparatively small area which, in the aggregate, amount to over a million and a half of dollars. These gifts may be devoted to the field of general education or to the support and advancement of technical or professional schools. Our great professional schools of medicine, law and theology, and also of applied science and of art, have rejoiced in splendid gifts—for buildings, for endowment, for special developments. The School of Journalism at Columbia is a recent instance of such a foundation, given for the creation of a new form of professional training. Our schools of philanthropy are richly endowed. These, together with such institutes as Stevens, Pratt, Drexel, Carnegie, all proclaim the beneficence of many individuals who believe in the higher and specialized education and training of men and women.

¹ And another following closely for four millions.

I know of few things more impressive, to me, indeed, more profoundly moving, than to survey the field of education, and to note the richness of the gifts which have been there poured forth with such lavish hand in so many directions and to perceive the ways through which men and women are striving to put into the hands of their fellows the supreme weapon of knowledge. These enormous private contributions made to education are the wonder and glory of our age.

Of the variety of institutions supported or aided by public funds our state systems of education show an interesting picture. Here we see support which reaches through the whole public school system and culminates in universities, colleges, and in professional and technical schools. Looking upon it, one is inclined to believe that the need for training, in almost any direction promising useful service to the community, has only to be recognized to ensure it a place in the concern of the state, or to bring it definitely within the scope of state responsibility. It is of special interest to us to note the number and variety of private institutions to which the state finds itself able to lend support. The wide availability of such public funds for the aid of already established schools giving instruction which is needed, suggests the advisability of bringing the financial condition of training schools for nurses to the attention of the educational authorities of the state.

We now come to students' fees as a source of income. In the conduct of such educational work as we have been considering in colleges and universities, they do not ordinarily play a large part, since usually not more than one-third of the annual expenses are met in this way. Under exceptionally able administration they may cover a slightly larger proportion, and since there

seems to be a tendency toward increasing them, they may in future play a considerably larger part. But ordinarily, in any genuine educational work, tuition fees go a very small way toward meeting the expense. This fact makes it clear that the students from great colleges and professional schools are in one sense receivers of charity, since what they pay for their education is far below its actual cost; and, indeed, it is this great sense of obligation, this conviction that some adequate return is due to society for benefits received, that impels the alumnae from schools and colleges to such continuous efforts for the financial strengthening and upbuilding of these institutions.

The most casual study of these matters brings forth strikingly the cost of modern education. "Present educational demands, upon even a modest college," says Mr. Furst, secretary of the Carnegie Foundation, "require resources of approximately a million dollars."¹ The endowment per student in colleges like Bryn Mawr, Smith, Vassar, is \$1,600; in certain colleges for men, it is \$4,000 per student. Good teaching, he urges, is not only expensive, but absolutely not to be had below a certain minimum of expenditure, and financial resources constitute the fundamental problem. In other words, any institution which proposes to educate must depend upon appropriate, definite, and permanent sources of income.

In all this long list of great gifts for education, in all this imposing array of colleges and schools supported by such gifts, I am astonished to realize that no reference whatever is made anywhere to one of the most fun-

¹ "Ideals of Women's Colleges." Clyde Furst. Proceedings of the 12th Annual Meeting of the Southern Association of College Women, Atlanta, Ga., April, 1915.

damentally important branches of professional education now in existence,—schools for the training of nurses, of which there are about eleven hundred in this country alone. I suppose if Mr. Abraham Flexner were here, he would take issue with me on the use of the word “professional” in its usually accepted sense as applied to nursing, and I hope to take up that point at some later time, but is it not strange that, search as you will from one end of the country (I had almost said the world) to the other, you will not find one single gift of any appreciable amount, not one endowment placed at the disposal of a training school for nurses for the proper conduct of its educational work. There have been in history two important gifts made for the education of nurses. Florence Nightingale gave the first, in providing, a half-century ago, \$200,000 for the founding of the Nightingale School at St. Thomas Hospital, London. The first training school in history was, therefore, established and has been maintained by an endowment. A half-century later, Mrs. Helen Hartley Jenkins of New York gave a second considerable gift, in endowing the Department for Graduate Nurses at the College for Teachers of Columbia University, and these two large gifts complete the list. There is literally nothing to add: so far as my knowledge goes there is no training school for nurses supported anywhere in this country by private endowment; there are none maintained by public funds, and public treasuries and private philanthropy alike seem to be innocent of any recognition of the fact that there are between thirty and forty thousand student nurses in training in the eleven hundred schools recorded, and that every one of these schools is carrying on its work with difficulty and at a disadvantage because of lack of resources.

There remain for consideration, among the usual sources of income for educational institutions, tuition fees. These, in so far as training schools for nurses are concerned, may be summarily disposed of. There are four or five schools in this country charging small fees for the special instruction given in the few months of the preliminary course and one school, only, charging tuition for its entire course. Thus it is clear that every one of the usual sources of income must be eliminated in the case of training schools for nurses, and some way which is not the common way of meeting the legitimate expenses of a school must be looked for. Such a way appears to be found as one studies the relationship existing between training schools and the hospitals in which they have arisen. It is a most unusual form of relationship and nothing at all like it exists in connection with any other school of the present day. It is universal, in so far as training schools are concerned. Through this relationship the training school for nurses becomes an institution established by the hospital with one large main purpose and what we might call one subsidiary purpose in mind. The first purpose is clear-cut and imperative. The nursing work of the hospital, its most important task, must be done: the training school, through its students, can do it. The primary function of all training schools is that of carrying on the regular nursing work of the hospital. It is not anywhere the education of the nurse. That education is the subsidiary, secondary, purpose of the hospital in establishing a training school, and it follows, as a matter of course, that it can be carried out only in so far as is compatible with the main purpose of nursing the patients through the students of the school.

The most casual glance at this situation would there-

fore show that the expense of maintaining training schools under such conditions would probably be slight, and a second glance would lead one to the conclusion that, whatever it is, it is really met by the students themselves.

That their services cover the expense of instruction is formally recognized in the announcements of training schools, where it is usually explicitly stated that the services of the pupil are considered as an equivalent for tuition. The expenses of actual instruction, therefore, are met by the pupils themselves, and, placing the minimum estimate upon the value of their services, it is unquestionable that they pay larger tuition fees than are exacted of students in any college in the country.

In considering this aspect of affairs, two points must be kept in mind. One is, that pupil nurses are from the beginning given necessary tasks, which somebody would otherwise have to be paid to do. This principle is so well maintained throughout all hospital work that the staff of students in a hospital ward is no larger than would be needed if such a staff were composed of paid workers. Students are preferred, indeed, because of the fact that they do more work than graduate nurses will do under similar conditions. Even the roughest estimate of the cost of any form of paid service to replace students shows that maintenance of an approximately similar number of workers would be required, and wages or salaries ranging from those of the unskilled household employee up to those of the highly skilled nurse would have to be paid. Anyone wishing to obtain a recent estimate of the value of pupil nurses' services to hospitals should study the records of the efforts made last year in California to repeal the eight-hour law required there for pupil nurses in hospitals. The additional ex-

pense and injury to the hospital of maintaining shorter hours were urged with emphasis from many such institutions, while one exceedingly indiscreet superintendent of a hospital declared that, in order to live up to the law, he would be obliged to increase the number of students by 50 per cent. Further light on this matter may be had by noting the charges made by hospitals for the services of student nurses when on special duty with private patients.

It is entirely clear that large expenses for service, which the hospitals would have to incur under any other system whatever, are avoided by the establishment of a training school for nurses, and a very considerable sum is thus set free for the instruction and training for which the labor of pupils is asked and is so freely given.

Not very long ago I saw a statement in some hospital or nursing journal to the effect that it cost the hospital between three and four hundred dollars a year for the education of each pupil. This, of course, may be literally correct, but it is essentially incorrect, since it fails to estimate in any way the value to the hospital of the returns which the student always makes. There appears to me to be no way of getting around the actual economic value of the student's services.

Let us consider these expenses which hospitals have to meet, taking first the administration of the school of nursing. Here there can be little question of expense, because those who manage the school are in reality officers of the nursing department of the hospital who would have to be there in about the same numbers and grades to direct and supervise the nursing if there were no school and the work were done by a staff of paid workers. And, of course, there are many schools, the majority, in fact, in which most of these official supervisory positions are

filled by senior students, thus adding another item to the contributions made by students to their own education.

Actual instruction comes next for consideration, and this is of two kinds: theoretical teaching in the classroom; practical teaching in the wards. Here again the hospital has been released from any appreciable additional expense since the bulk of the teaching has always been done by the officers of the nursing department, in addition to their regular executive and supervising duties. Until within the last few years, no training school for nurses had even one regular instructor on its staff, and the great majority of schools are still in this position. In all the larger schools of the better grade one regular instructor is now provided and in some cases there are two. As yet, however, no considerable expense for such instruction is incurred. Lectures are still in the majority of schools given by physicians without payment, though, again, in some of the larger schools part of these lectures are paid for, and all of them are, in a few schools. As, however, the number of lectures is small, not more than two or three a week at the utmost, the expense thus incurred is slight. For libraries and teaching material and equipment it can be truthfully said that few hospitals have even attempted to make respectable provision. In providing suitable housing and living conditions for students, hospitals are doing more to meet their obligations to them than in any other aspect of their work, but it is, of course, pertinent here to mention that such expense cannot be charged to the maintenance of a training school, since suitable quarters would be required equally for any kind of a staff the hospital might employ. Moreover there are still hundreds of hospitals in which the quarters and the food provided

for student nurses are a scandal to their communities.

As for hours of work, notwithstanding some improvements, they are still a burning question and are such as to make it very difficult and frequently impossible for pupils to take their theoretical work seriously. Yet hospitals do not find themselves able or willing to meet the expense involved in providing the larger staff of paid workers of various grades which would admit of shorter hours for students. One would suppose that any institution thus miraculously supplied with a body of pupils whom it could at will translate into an entire working force, would not question the justice and wisdom of adjusting its hours of work in such a way that the educational needs of the students would be satisfied. Yet tonight, as I read this to you, hundreds of young student nurses are at work on night duty in the hospitals of this city and country and this night of work will be twelve hours long. Service of this kind will usually be made to occupy about six months out of a three years' training. Yet from any conceivable educational standpoint, one month of such service would usually be ample.

We were impressed, a little while ago, in reviewing briefly the field of education with its great, and apparently unavoidable, cost. The more carefully I study the work of training schools for nurses, the more I am convinced that failure to recognize this elementary fact, as applying to their conduct, is at the root of many of the troubles in the present training school situation. What is needed now in our hospitals is a truer conception of the responsibilities which are inevitably assumed in attempting to direct, control and develop in any adequate way this large, complicated, and most vital branch of professional education, and ability to face the situation squarely and recognize that adequate funds

are just as necessary for the proper maintenance of training schools for nurses as they are for medical, engineering, or any other professional schools.

No equitable and stable adjustment can ever be made between hospital and training schools until this fact is understood, accepted, and made to bear upon the whole scheme of training.

In thinking this whole problem over, I have been impressed with the fact that though hospitals are constantly and properly making the public acquainted with their needs, I do not remember ever hearing of any instances of hospitals asking for funds for the maintenance of their training schools for nurses. Yet I can hardly imagine any branch of their work for the maintenance of which they could with better grace turn to the public. There are literally thousands of men and women who owe their health or their lives to the skill, knowledge and devotion of nurses. There are those among them who have given liberally to other forms of education and would, I am confident, willingly contribute to the education of nurses were they but made aware of the need. It is not because of any lack of appreciation of the valuable and indeed indispensable services which nurses are rendering to society that nothing is given to help forward their education and training, but because of a prevalent conviction that this is wholly the business of hospitals, which are believed to be quite able to do all that is necessary. There is much need of a really correct understanding of what hospitals can and cannot do. They cannot, for instance, on funds which are seldom if ever sufficient for actual hospital needs, maintain training schools as they should be maintained. They cannot unaided carry forward the important educational work which has been en-

trusted to them. They could however make some effort to secure the necessary aid.

Certain it is that from some source, either from private gifts for endowment, from public funds for maintenance, or even partly from tuition fees (but under different conditions of service), training schools must be enabled to command adequate funds.

I have been asked what an endowment could do for a training school. It might do any, or all, of the following things:

It might provide a sufficient body of trained and expert lecturers and teachers to give appropriate and adequate instruction in all of the necessary and desirable subjects included in any adequate scheme for the education of nurses, and this would apply to practical instruction at the bed-side as well as to theory in the class-room.

It might provide suitably for such teaching equipment and material as is commonly found in all schools having any scientific or technical subjects to handle.

It might provide teaching buildings which would have libraries, both professional and general, lecture and class-rooms, and laboratories and offices. It should also provide suitable living and recreation rooms. Cheerful surroundings and a chance for wholesome diversion are particularly important for those whose work lies entirely among the sick. These it might do quite directly. Indirectly by assisting in providing a larger staff, it might aid in securing for students shorter hours both for day and night work, and proper vacations and holidays. For the hospital, openly relieved from any expense whatever in connection with the training school, could turn its attention and its funds to the provision of a regular salaried staff of nurses and other workers for much of the routine work now done by students.

This, in increasing the number of workers, would logically bring about the shorter hours. And these, in connection with improvements in the amount and character of instruction, would attract the better qualified candidate who is so urgently needed. Such measures have brought this result in every instance where they have been established and steadily and intelligently applied.

I firmly believe that generous financial help would flow into our training schools from private sources were the need fully recognized, and I see no reason whatever why schools rendering an important public service should not also secure substantial aid from public funds. The problem of the poor, ill-equipped training schools connected with struggling hospitals in the small communities might be in a measure solved through such aid.

From whatever source funds may come, they are necessary to place schools on a secure and dignified foundation, and to release them from their present helpless and somewhat ignominious position, due very largely to an entirely unsound economic status.

This paper merely touches the subject, which needs, and doubtless will eventually get, careful and searching inquiry. But in the meantime those nurses who are genuinely interested in improving their own profession can do so in no more effective way than by helping their training schools up to a higher and freer plane of work which suitable financial resources alone can ensure. Already the alumnae of the Johns Hopkins Training School, and of the Massachusetts General, have taken up the question of the endowments of their schools, and committees are being formed to consider ways and means. Nurses may with courage and confi-

dence take up this question of proper support for their training schools since, in the last analysis, it is the concern, and the grave concern, of the whole community. The public cannot longer leave entirely to hospitals, or to the labors of student nurses, the maintenance of so essential a branch of modern education.

Let me repeat. There have been in history but two large gifts for the education of nurses. The first, by Florence Nightingale, created and set in motion the whole modern system of training schools and of nursing; the second, by Mrs. Helen Hartley Jenkins, has established in a great university a department for the special professional training of graduate nurses, and has made possible the opening up of some entirely new avenues of work, such, for instance, as education for public health nursing and training for public school work. The next great service to be rendered is to place all training schools for nurses upon a sounder economic foundation.

Author's Note. Published with reprint of December, 1920

Since this pamphlet was written in January, 1916, the question of education has taken on new and acute importance. Provision for it in about every accepted form and in many new branches is being made with a lavishness that is beyond any dreams of the past. Where a few years ago a college sought one million dollars, it would now as readily seek ten million, and the alumni of most of the great colleges in the country, Harvard, Princeton, Cornell, Smith, Wellesley, and Bryn Mawr, have of late carried on vigorous campaigns for very large increases in their endowments which they have been splendidly successful in obtaining.

Quite untouched, however, by this great tide of generosity our Schools of Nursing still remain. They lie seemingly wholly outside of its reach or even interest.

Meanwhile the trained women who are the products of these schools are entering more deeply and vitally into every level of human society, as the importance and value of their services are more fully recognized and understood. With the developments in public health work and preventive medicine and the highly creditable record which the nurses who have entered this field have already established, fresh demands are made upon our Schools of Nursing which they cannot meet.

The poverty of their educational resources is indescribable. It would have to be seen to be realized, and little in the way of further growth or progress can be looked for until these schools are rescued from their economic helplessness and provided with the financial resources upon which all worthy educational work must rest.

A. N.

SOME PROBLEMS OF TRAINING SCHOOLS FOR NURSES¹

BEFORE an audience of hospital workers, it is hardly necessary to preface a discussion of the problems of training schools for nurses with an account of the origin and growth of such schools. You are all presumably familiar with this, but with the thought that there may possibly be those present who would like to refresh their memories on the subject, I will venture to speak briefly of that part of the long history of nursing which deals with the development of its educational system.

Called into existence as a means of improving the care of the sick in hospitals, the first training schools for nurses both in England and America, were established, not by hospitals, but by groups of individuals outside of them, who provided funds for the maintenance of these schools, and entered into an agreement with the hospitals to give the pupils certain definite teaching, training and experience, in return for such services as they could render for the sick. Although entirely subordinate to the regulations of the hospital in all that concerned their work over the sick the pupils were,

¹ An address given before the American Hospital Association in Toronto, Canada, April, 1908.

nevertheless, under the direction of an independent body in matters connected with their teaching, training, conduct and discipline.

In the first school for nurses (established in 1860 by the Nightingale fund at St. Thomas' Hospital, London), this body, called a committee, so interpreted its functions that it not only paid for the board of the pupils and for their uniforms, but paid also a part of the salary of ward head nurses, as a compensation for their services in teaching the pupils and of the Superintendent of Nurses in directing their training. The committee went further, and paid medical men to give the pupils, "at the bedside," certain instruction "of a medical and surgical character."

It will thus be seen that the organization of these early nurses' schools was in some ways similar to that of the medical school, with this essential difference, however, that the medical student paid in money for his education and training, while the pupil nurse paid for hers through her services in the hospital. She was maintained by the hospital however, and given a small allowance for expenses.

By just what process these Training School Committees were eventually eliminated, and the schools absorbed entirely into hospitals, it matters little to discuss here. In the improved condition of hospitals brought about by the work and influence of the schools; in the efficiency of this method of caring for the sick, and its conspicuously low cost; in the obvious advantage to hospitals in having entire control of these schools, and consequently of the lives and work of pupils and staff, and the ease with which such control could be secured, we find a situation leading readily to the incorporation of training schools into hospitals, and the practically

universal assumption, at a later date, that the sick in hospitals can only be properly nursed by means of such schools for nurses. The logical outcome of this belief is expressed today in the thousand or more training schools which are an integral part of the hospitals in this country, and governed by them in every aspect of work.

In capacity, character and purposes, these hospitals vary widely. There are the large general hospitals, of from two or three hundred to one thousand beds, amply provided with clinical material and opportunities for teaching, and furnishing in most instances a suitable field for the training of pupils. There are the medium-sized hospitals of from fifty to one hundred beds, offering less in the way of opportunity, but well able to cover a considerable portion of the required ground; and there is a very large group of those which are still smaller, ranging from twenty-five to fifty beds, with diminishing powers and opportunities, so far as the education of nurses is concerned; while beyond these lie the very small hospitals of five, six, eight and ten, up to sixteen beds, very greatly limited in resources and offering, a mere fraction of what is required as a field for the teaching and training of the nurse. Training schools in this country are found in 53 hospitals of this description, while more than 500 of the entire 1000 schools are in the small hospitals of 50 beds and under. Of other types of hospitals, such as those for the treatment of special diseases it may be of women or children, or of nervous and mental disorders, the training school for nurses is a common feature.

It needs no statement of mine to assure this audience that under such conditions the school in its entirety has little life and purpose of its own, but is shaped and

moulded to fit the needs of the individual hospital. In number and quality of students, in the kind of duties assigned them, in hours of duty, and finally in teaching and training throughout, as to substance, method, teachers and equipment, the school merely accepts what the hospital determines it shall have.

That hospitals may be governed in a liberal and kindly spirit, and some thought given to the welfare of the student nurse, is a matter quite irrelevant from the main issue, which is the entirely helpless position of the training school for nurses in its relation to the hospital. It stands unique as an educational institution of high importance to society, owned and used by another institution for purposes of its own in which education plays a relatively unimportant part. The question which naturally arises is, "Does this system produce satisfactory results? Is it a just arrangement for the hospital and student? Is it the best that we can do?" And the answer to this is that we do not know, because we have not as yet really tried any other.

In the meanwhile it is quite certain that the present relation between hospital and training school gives rise to growing friction and to many and difficult problems, and it is perhaps not too much to say that the one person to whom these problems present themselves in their most pressing and perplexing aspects is the executive officer who represents both institutions and holds the double office of superintendent of nurses and principal of the training school for nurses. Deeply loyal to both, seeing clearly the needs of each, anxiously concerned in carrying out the purposes of each to the fullest possible degree, she is, wherever they conflict, between the upper and nether millstone.

Such a conflict appears at the very outset in the

necessity which exists for selecting the students in accordance with the immediate needs within the hospital, rather than in accordance with suitable standards of requirement for the general field of nursing outside it. Now, I know of no training school, large or small, where the number of properly qualified women applying for admission is large enough to meet the needs of the hospital, and by that I mean, to do the actual nursing work it requires.

And by properly qualified women I do not at all mean highly educated women (desirable as they are), nor do I set up any exacting standard of requirements. I mean, simply, women of good, thorough English education, of suitable age, good character, physically and mentally sound, and temperamentally able to stand the strain of hospital training and the subsequent work into which that training leads. You will agree, I am sure, that nothing less than this provides a safe foundation on which to build any professional training and that such a requirement would be particularly essential in nursing. Yet out of the applicants to our training schools, the number that fully meets even these moderate requirements is small. A few in the more prominent schools exceed them, but I say, without hesitation, as a result of many years of experience in a representative school, that, notwithstanding the fact that there may be hundreds of applicants each year for admission to such a school, the number of those who are suitably qualified falls considerably below the number of students needed by the hospital for its nursing service. And because of this it is invariably necessary to admit a good many others who fall below, often very much below reasonable standards in varying ways and degrees. I know of no school which is exempt from this necessity.

Repeatedly during the past ten years have superintendents of the smaller hospitals and training schools told me of their difficulties in attracting the right kind of women into their schools, and repeatedly have they written to me, as, I presume, to others, asking me to refer to them those who failed to meet our requirements. The material however out of which a good nurse can be made is about the same, whether the process be carried on in a large or a small school, and no large school that I know rejects any candidate who, by any process known to it, can be made into a good nurse. Quite recently, in talking with the superintendent of a hospital in a small town, I was told that it is next to impossible in some places to get any applicants at all. Of the few that do apply, many are so uneducated that such a matter as giving out medicines, for instance, becomes a serious problem, owing to their difficulty in reading correctly the labels on the medicine bottles.

This lack of suitably qualified applicants for admission to our Schools of Nursing, is a matter not only of present discomfort or distress, but of grave import. It seems ominous to those who, contending with the situation as it presses daily, can see no way out of the bewildering and complicated state of affairs. Yet it may not be an unmixed evil if it induces us to give serious and unprejudiced study to the situation, and get down, if we can, to the root of the matter. When we can be quite certain of the cause, or causes (for there may be several), we can then discuss the remedy intelligently and profitably. Before such a careful study is made, we ought not, in justice to both hospital and school, to attempt any radical changes. The fact that there were over 21,000 pupil nurses in our schools of nursing two years ago shows the very great demands of our

hospitals. That number would, of course, be much larger at the present date. What we need to note is that, notwithstanding this very large number of pupils in the schools, there are still not enough to meet the current needs of the hospitals depending upon them.

One might also point out here that when nursing as a vocation for women first appeared upon the horizon there were few large hospitals, and, consequently, few schools for a good many years. In 1880 there were recorded but fifteen such schools; the demand for students was small, and many more women applied than could be admitted. Even ten years later, in 1890, there were but thirty-five schools, but during the following decade, the tremendous onward sweep in hospital building brought with it the establishment of nearly four hundred schools of nursing (423, in fact, were recorded by 1900), while the subsequent six years have more than doubled that number. It is, perhaps, not surprising that there has been a lack of enough candidates for admission to keep pace with any such rapid development.

It might also be borne in mind that the past twenty-five years have been in a few ways more wonderful than in the opportunities they have created for women. The two fields of teaching and nursing have opened out, the former into special branches such as the kindergarten, domestic science, domestic art, manual training, nature study, etc., and the latter into the many lines of institutional work, which include the very attractive forms of philanthropic, charitable, and social effort of which settlement work is typical. To be added to this group are the librarians; and the welfare, social, and other types of secretaries and an increasing number of women in business and professional offices. Into these fields many of our brightest and best women are venturing.

Meanwhile the colleges for young women have grown and multiplied; Vassar, with her 1200 students; Wellesley, with 1500, and Smith, with, I believe, a larger enrollment, could, perhaps, enlighten us as to where to look for some of the women who twenty or twenty-five years ago might have stood at the hospital training school door asking for admittance.

The greater prosperity of the people of this country has made a college education easy for women whose sisters of twenty-five years ago might have been glad to get for little or no expense, what nurses' training schools offered. It is possible that colleges might serve as a means of enlightenment in other ways. They might, it is conceivable, point to the long list of waiting candidates for entrance each year, and say that there is apparently no lack of good women seeking education, and that if we cannot find them—or, rather, they will not find us—it may be true that we are not offering them conditions which attract them. In other words, these students like what colleges offer, and will not have what training schools offer. We have here the interesting spectacle of a steadily increasing number of women entering the college for four years of hard study and paying a considerable sum each year for it; and, on the other hand, a steadily diminishing number of suitably qualified women entering the hospital training school which offers a professional course of three years of hard work at no cost to the pupil for tuition, with board, lodging, laundry, uniforms and text-books provided, or, in default of such provision, a frank payment of money to the pupil. Yet one would suppose that nursing would be just the work to attract the thoughtful, healthy-minded, educated woman, and especially where the training for it could be obtained free of all cost.

One might dwell upon other aspects of this matter, but enough perhaps has been brought forward to show that the needs of the hospital do control the school in its most important function, that of determining what kind of women shall enter this training and become later professional nurses, charged with the gravest of responsibilities, and equipped with extraordinary powers and opportunities. Public opinion has not always dealt gently with the trained nurse in recent years and a few, at least, of the severe criticisms which have been made are well-founded. A general recognition of the necessities in the hospital which so largely control the selection of pupils might, perhaps, temper this criticism, or give it another direction.

There is still another and quite different way in which the status of the school may be affected, and that is when living accommodation for students is insufficient for the number required to do the work in the hospitals. Here we have a defect which cuts both ways, and affects, seriously, the welfare of both hospital and school. Hospitals have a way of outgrowing with extraordinary rapidity the provisions made for nurses, and of adding department after department of new work, without at the same time realizing that each new development of hospital work always calls for some corresponding increase in the nursing staff. Hence we find in many schools the superintendent of nurses calling attention to lack of quarters stating that students are overworked daily because she has not room for as many as the hospital needs. This is a very common complaint, but no assurance is needed as to the seriousness of it. It affects steadily and disadvantageously the character of the students' work, making it particularly difficult for them to study, and tending ultimately to pro-

duce the disheartened and discouraged worker. And it is those physical and nervous breakdowns among students, which, in addition to the loss of just so much human efficiency, stands particularly to the discredit of the school of nursing which, above all places, should set standards of healthy and well-ordered living.

Such conditions often militate strongly against the school in its ability to attract desirable applicants. "I will not send my daughter to that school; they will work her to death," is not uncommon criticism by parents of certain schools. The overworked student can never profit even by the best teaching; she cannot study; frequently she cannot even listen intelligently. To all intents and purposes the school has for her ceased to be a place for education, and she has ceased to be a student. For I am not here discussing only formal instruction, such as classes, lectures and recitations, but most important and valuable of all, that teaching given in the ward and at the bedside—the whole together forming the course of study and training in return for which the student gives her services.

With a shortage of students, brought about by insufficient quarters, or by any other cause, the effort of the entire staff is concentrated upon the work—to get it done. It is easy to trace the effect of overcrowded dormitories upon the whole work and life of student nurses; and since the conviction is held and strongly, that all students must live in the quarters provided for them (usually within the hospital precincts), no remedy for this state of affairs seems likely to come from any source but the hospital. The student, even if she lives in the same city in a comfortable home, cannot live there and go to her school daily, as is customary in other educational institutions, but must occupy the space

in the nurses' quarters which would provide room for at least one more worker for the force. There seems lack of true economy in this method, but it appears to be, so greatly to the advantage of the hospital, and so apparently essential for its smooth running, that any other system will not easily find favor.

In discussing this phase of our subject, I am not unmindful of some of the large, comfortable and even luxurious homes for nurses which, of recent years, have been built in connection with several of our best-known hospitals, but these form a comparatively small number among the 1000 or more training schools for nurses which we are considering.

It is when we approach the actual education of our student and attempt to carry out the promises which have been made to her, that the resisting power of the hospital becomes more and more strongly felt, and the enormous difficulty with which it meets even the least of its obligations in this respect is clearly seen. There is no place in its strenuous scheme of life for the machinery of a school. All the space, the effort, the means which the hospital can provide are needed to carry out its immediate purpose, which is the care of the sick, and any scheme of education must, of necessity, take a secondary and insignificant place. A school, to fulfil its functions, cannot take such a place; it calls for teachers, class-rooms, equipment, and every subject offered in the curriculum needs these to a greater or less degree. Some subjects, to be taught at all, require a laboratory as well. The teacher is presumably a person especially prepared to teach, with ability to handle certain subjects adequately, and with time to meet her class regularly, to know her students, and to be interested in their advancement.

How far is it possible for the hospital to provide anything of this nature? In most of the thousand schools of nursing a good proportion of the instruction provided is that comprised in a series of lectures, given gratuitously by different physicians of the staff. That they are frequently cheerfully given, and that much of such teaching is excellent, as far as it goes is true, but this does not essentially alter the main facts, which are that such teaching is dependent in its character upon the particular views of that particular physician as to the education of nurses, and upon his good will and circumstances as to regularity and system. It has no stable character of its own. It may or may not cover a certain definite ground. It may be good, or it may be worthless as teaching. The school has little power to choose which it shall be. With neither means to pay for suitable teaching, nor freedom to choose the teacher, it must accept whatever is within its reach. I have known an entire short course of lectures, of great importance, offered in the curriculum of a school by a talented, but busy, physician, postponed from month to month, and finally the year concluded without even one lecture having been given. I have known the opening lecture of a course postponed for four weeks in succession because the physician giving the course was either suddenly called out of town, or engaged by an emergency or by an important dinner. I have known certain subjects which belonged to the very beginning of the year transferred to the end of it, or even to a subsequent year to suit the convenience of the lecturer and yet upon these lectures at a given time might depend the ability of a whole group of students to comprehend much of the practical work they were then engaged in performing. In hospitals where there is a medical school

attached, there is less difficulty in securing systematic teaching, since the embryo professor of medicine is apt to look upon the school as a useful place in which to test his own powers. The teaching thus given by young residents is often good as to substance, and is sometimes carried on with interest, occasionally with enthusiasm, but much of it bears the hall-marks of youth and inexperience.

Turning from the teacher to the subjects taught, this matter also is governed by the ability or will of the hospital to provide. Such a fundamental subject in nursing as foods, their properties, preparation and uses, was not taught in many schools in certain States until laws of the State for the registration of nurses made it necessary for the hospital with which they were connected, to provide this most essential teaching; and there are other important subjects, equally fundamental, which may be entirely omitted from the training school curriculum. Although the instruction in most of our schools is elementary from beginning to end, the hospital has full power to restrict this teaching in various ways; it may reduce the ground covered in a certain subject to the barest outline. This power rests with the hospital, and at times it may really rest with one member of the Board of Trustees or the hospital staff. The individual who thinks "this idea of teaching nurses so much is all nonsense, anyway," will not view with favor anything which carries the pupil nurse very far from her long hours of practical work in the wards, and he will be especially suspicious, and apt to shy violently at the mention of bacteriology, for instance, or the still more dangerous subject of pathology. Yet, in my opinion, there is no one subject in which it is essential for the nurse to be more solidly and thoroughly grounded than in bacteriology. Dealing with the causes of dis-

ease and with their prevention, it forms the very basis on which her subsequent training and education and her safety and efficiency in her professional work must rest. The subject, in fact, in certain of its essentials, might well form part of the education of every citizen, and it is interesting to note that while on the one hand there may be anxious discussion in schools of nursing as to whether it is advisable to give the student nurses four or six lectures on this subject, in another direction, students of domestic science who are preparing to teach cookery to children in the public schools are required to have, and rightly, a full half-year course of 60 hours in bacteriology.

As to class-rooms and equipment, while in certain schools there is one class-room and some equipment, in hundreds of schools there is not the slightest pretence of either. The class-room may be the screened-off end of a sitting room; it may be the dining room; it may be any room which can at short notice be supplied with chairs and table and blackboard. In scarcely any school is there a class-room large enough for the entire body of pupils to be assembled together; and when we come to equipment, material for teaching, such as microscopes, maps, charts, photographs, models and specimens, there is such a painful void that one sometimes wonders how teaching can be carried on at all.

It is, I think, generally conceded that teaching given in the evening, after a day of hard physical effort, is of very limited value. Yet, until recently, nearly all of the teaching in training schools was given in the evening, and the eight o'clock lecture was the educational event of the week. I am happy to say that there is now a distinct effort being made to bring classes and lectures forward into the afternoon.

As to the practical instruction and training in the wards, it will probably be said that here at least the hospital provides amply for all needs of the student, for even at the minimum she must work in the wards or other hospital departments eight hours daily; so that, while two hours weekly is the average, and three the maximum for theoretical teaching except in preliminary courses, from fifty to sixty hours of ward work are required weekly of the student, even under the easiest conditions. The suggestion that in any of our training schools for nurses there is an undue proportion of theory would be ridiculous, if it were not pathetic. Most of us are mentally lazy, and it is often true that the students will say they love their active work in the wards, and do not enjoy their studies; but that does not alter the fact that they need to study, whether they enjoy it or not. It is probable that if they were less physically tired, studying would seem more attractive.

But how about this teaching and training in the ward, which we have agreed is so valuable? If it is so all-important, it is, of course, carefully carried on by highly qualified nurses, specially prepared to teach over the patient the most skilled and perfect methods of nursing. The young student must be taught how to observe and record every trifling change in the patient's condition, and what action such a change calls for. She must be taught every process needed, in its every detail, and these processes are many. She must then practise each process assiduously, under criticism and supervision, until it can be performed with that ease which is the final perfection of skill; and then she must be taught further under what conditions the process itself must be varied, adjusted, modified to suit the different temperaments and needs of the sick.

Now, I do not need to say that anything even faintly resembling such a method of teaching is not carried out in any satisfactory way in any of our training schools. The student is in the ward to do the work, and to do as much as she can possibly accomplish in a given time. In many hospitals, especially in certain departments, she works under pressure every hour; and not only has she no time to be taught, but the head nurse of the ward has no time to teach her. This, I think, is true of all large general hospitals, where there is an acute service. It is specially true of those with medical schools attached, where, for clinical purposes, prolonged and repeated rounds may almost detach the head nurse entirely from her ward. As Superintendent of Nurses, I have many times been unable to secure a needed conversation with a head nurse for an entire morning, and have gone to a certain ward as many as four times between the hours of eight and twelve, to find her each time in attendance upon a clinic. In such hospitals there are usually one or more assistants who could render valuable service in the way of bed-side teaching, but their executive duties are many, and they can seldom do even a fraction of what is needed in this direction.

In smaller hospitals such opportunities would be better, that is, the head nurse might have more time, but here again one is met by the fact that there is often no head nurse in a ward but merely a student at the helm, and also that the limitation in numbers and variety of patients are such as to greatly restrict the field for teaching. In certain small hospitals all of the teaching in both class-room and ward is done by the over-worked executive head of the hospital. So that this invaluable field of teaching, the hospital ward with its groups of patients becomes the place where the student

passes through a succession of similar experiences and performs over and over again certain acts; but it is not used as it might be for definite study of disease, for observation, careful instruction and suitable development in nursing knowledge and skill. The best actual teaching then is that given in order, system and discipline. "A nurse may potter about in a ward for a year and learn very little without definitely directed teaching," said Florence Nightingale many years ago.

The question of the length of training of the student is so important that it should be treated at length, and independently, yet, since it is among the greatest of training school problems, a brief consideration of the matter should not be omitted here. Those who, by reason of long and varied experience in training school work, might be expected to know how, and under what conditions nurses should be taught and trained, believe that it is not possible to give the average pupil a full, complete and thorough training in less than three years. I am one of those who hold this belief. The applicant of today is a very different person from the mature woman who entered the training school fifteen or twenty years ago. In conformity with hospital need for numbers and the economic situation which makes it necessary for young women to begin work earlier than formerly, the age entrance has been brought down first from twenty-five years to twenty-three years, then to twenty-two, and I have heard of certain schools where, in desperation, they admit at nineteen and twenty, straight from the high school.

The applicant today, again, is unlike the earlier in having an altogether different home training. She does not bring to the school, whatever her qualification in education, natural ability or personality, the know-

ledge of domestic affairs and of life, which was usually possessed by the applicant of twenty years ago.

For these reasons alone—the lack of maturity, of home training, or a suitable sense of duty and responsibility—the applicant of today needs a longer and more careful training to bring her up to the standard of her predecessor in this work. But to this fact we must add another, and one not sufficiently recognized, and this is the difference between the requirements which nursing made of its members twenty years ago, and the professional requirements of today.

Twenty years ago our students, as they left the training school, had virtually but the one field of private nursing open to them, since institutional positions were few, and district nursing almost unknown. Today not only have many new avenues for the nurse opened up that were practically undreamed of at that time, but the familiar ground of private nursing has itself so developed as to call for a more thorough, varied and longer training for students.

During recent years the care of infants and children has become the subject of special study and investigation among physicians, and now ranks as a specialty, requiring of the nurse that some months of her training be devoted to this most important subject. In nervous diseases, to which, as Dr. Weir Mitchell says, "the nursing of all other diseases is as mere child's play," the nurse should at least during her training be thoroughly grounded, even though later she may obtain additional and special training. The advance of surgery and its development into many separate and distinct fields, such as brain, abdominal, orthopedic and other special branches, compels some corresponding increase in the training of the student. It must be

enlarged and strengthened to meet the new needs. Where formerly one month in the operating room used to serve for the entire training of the student, now not less than three months, as a rule, suffices to give her any real familiarity with the bewildering variety of articles and materials used, and with the prescribed technique in handling them. Any lack of understanding on her part which leads to an error may be as fatal to the patient as if made by the surgeon himself; and the same really holds true of many phases of her work.

As to the institutional positions they grow in number and importance, and where, a few years ago, there were few nurses so occupied, there are now many, if one includes, as one should, not only the superintendents of hospitals and training schools, but those who fill the offices of assistants, supervisors and head nurses in them. The call for nurses to fill such positions is ceaseless, and we cannot meet it adequately until we can attract into our training schools more women of thorough education and the serious and earnest purpose in life which it usually brings.

Nor does the call for the graduate nurse cease when institutions and private households are supplied. It comes clearly and imperatively to many nurses from the sick poor in the crowded quarters of our cities; from our factories and department stores, where the health of young women should be safeguarded; from our public schools where the health of children should be safeguarded. All the long, hot summer, visiting nurses are climbing the high tenement stairs to show the young mother how to feed and care for the new baby, whose life may hang on just that teaching; or to teach the consumptive patient what he must do for himself and for the protection of those about him.

It needs no argument of mine, I am sure, to convince you that the preparation for any of the various kinds of work which have been touched upon here needs to be sound, thorough and carefully planned, and that no brief or limited preparation will suffice. In saying, however, that it cannot be given in less than three years, I would not be understood as agreeing that a course of such length should be offered in the majority of hospitals. Unless a hospital can provide for a full training in the main services, it is not justified in keeping the student for three years, and the tendency in hospitals and sanatoria with very limited opportunities to insist upon a three years' training, must be looked upon as deplorable. Looked at baldly, one sees the institution willing to require an additional year of work from the student, in return for which it can offer little she actually needs. I have in mind a private hospital, the property of one man, in which the work is, I believe, largely surgical. A training school with a two years' course was established, and not long since a third year was added. Almost all of the special nursing in this hospital is done by the students, and I am told they are placed on special duty at a very early stage in their training. One year of training would probably amply cover all that this enterprising institution has to offer.

In this attempt to place before you some, at least, of the problems with which the training school for nurses is confronted, I am led to believe that they are all mere aspects and phases of one single problem, and that problem is the relation of the hospital to the training school.

Familiar as we all are with the present system, it is not easy to entertain the idea of anything different. Yet there are those who feel that, in the best interests of both

hospital and training school, some reconstruction of that system is necessary; that much of the teaching, especially all of that fundamental work included in the preparatory course now given in the hospital, should be given outside of it, in a central school, which could do for a number of hospitals what each one is now trying inadequately to do for itself; and that this central school should take upon itself the full direction of the education of the student and the responsibility of arranging with different hospitals for her practical training in all the various services. In other words, that the school of nursing should rest upon a separate foundation not unlike that of the medical school. Such central schools could, in course of time, help to solve the problem of nursing in some of the small and special hospitals, now struggling to maintain their own separate schools. I should like to add my personal belief that the pupil should pay for her training straight through, and that she should be far more independent of the requirements of the hospital, which, in some departments, should be partly met by salaried workers.

I am by no means presenting new ideas to you in these suggestions. Some of them have already been made by a good many people. The need of such a central school was admirably presented by Dr. Francis Denny in the *Boston Medical and Surgical Journal* for June, 1903; Dr. Richard Cabot has written frequently and convincingly on the subject; while Mrs. Hunter Robb, in a noteworthy paper read in Washington some years ago, suggested the main conditions for such a school, which should be carefully studied. An article by Dr. Oldfield in the *Westminster Review*, a few years ago, advocated a Royal College of Nurses and the granting of degrees. I confess that nursing, as I see

it, seems to me as worthy a place in the scheme of the university as any art or science in it.

I have tried in this paper to lay before you as faithfully as I could some of the difficulties with which our training schools are contending, difficulties which are apparently the inevitable result of the present relationship between school and hospital. To me, at least, they seem serious, and I believe they merit your most thoughtful consideration. This is no question of doctor versus nurse, or of hospital versus training school; each is essential in the work of the other. The question is, what is the very best that we can do for our training schools for nurses? The various classes of people and the institutions in the community which have come to lean upon the trained nurse, and to be dependent upon her services, require of us that we should, in our teaching and training, put her in the way of developing those services to their full power and usefulness.

ADDRESS AS PRESIDENT OF THE MARYLAND
STATE ASSOCIATION OF GRADUATE
NURSES¹

THIS young Society, celebrating today its first birthday, was called into existence one year ago, because of conditions which apparently could only be met, and problems which could only be solved by the formation of such a society. It was clear, furthermore, that the time had fully come to set about solving these problems,—that each year of delay meant added difficulties. After suitable preliminaries the nurses of Maryland gathered themselves in from all quarters of city and state and took counsel together. They also consulted oracles without, and received much aid from the mistakes as well as from the wisdom of others. The outcome of that gathering and the very considerable work which preceded and followed it, is embodied partly in the goodly company before you, and partly in the history of the year's work. As soon as organized the Society set itself at once to accomplish the first of the objects for which it was created, namely, the procuring of State Registration for nurses. Under excellent guidance the Society framed a Bill, a good Bill, everybody says, perhaps the best in any state so far, and it is clear that our legislators must have thought so, for after it

¹ In Baltimore, December, 1904.

was presented to them they passed it in due time, without *any* of those alterations or amendments which often seem slight, yet which defeat in many ways the actual purpose for which legislation has been sought.

We cannot be too deeply grateful to all of those who helped us to bring about such an admirable law governing the registration of nurses, as the State of Maryland now provides.

The law is familiar to all of you, so I will content myself with merely saying, that its provisions are in some ways very liberal, as, for instance, in not requiring that all of the training of a candidate shall have been received in one Institution; also in placing the date after which all candidates for registration must be examined as late as June, 1906. You will observe that our laws in this respect are generous, as we desired to give an abundant allowance of time for those who were partially qualified, and needed to add to their training and experience in order to render themselves eligible for registration here. It will interest you, I am sure, to learn that several nurses have taken advantage of this opportunity.

Our law called for an Examining Board of Nurses to be chosen by the Governor from names submitted to him by this Society, and such a Board of Examiners has been appointed. In forming it we found ourselves singularly unhampered in the selection of candidates for this office. We had neither precedent, rule nor tradition to weigh us down, and believed ourselves free enough from petty jealousies to appoint the right and suitable persons, regardless of school or of position. Thus it has come about that we have on our Board people who have taught and are teaching, and who know something about examining students.

The Board has been for some months carefully studying the situation with reference both to present and to future needs, and trying to establish methods by which its arduous and important work can be wisely and justly performed. To-day I am able to announce to you that the Examining Board of Nurses for the State of Maryland is ready to begin its further work, that of issuing certificates of registration to nurses who meet the requirements of the law recently enacted.

This is the record of the Society's work in actual large facts for the year, and I must here congratulate the members of this body on having obtained in so short a period and with such comparative ease, what other Societies, organized long before we were, are still struggling to obtain.

In an adjoining State, where a Society was formed about two years ago and where an immense amount of work has been done in the effort to obtain this legislation, they are still wrestling with the question. In England the question of State Registration was first brought forward, if I remember aright, in the year 1888. This year, sixteen years later, a select committee appointed from the House of Commons is still considering the expediency of providing for the registration of nurses.

Our Society has grown in numbers, organizing with a membership of 150. We have now 229 members, representing seven different schools in Maryland and several in other states and countries. We are also able to report some slight progress in improving the methods of nursing education, and I think we should here pay a tribute to those who at great inconvenience and much pulling down of established method, have tried to bring their work into conformity with the requirements of our law.

Now there seems to be little question that we have made a good beginning and have laid strong foundations for future work; to-day we cannot, however, afford to spend any appreciable amount of time in mutual congratulation, but turn from what has been done to what still lies before us, and, as I see it, there is work, work on every hand in good measure and running over. We have obtained our law; we need to watch it jealously to see that its standards are properly interpreted and constantly maintained. It cannot fail to have a marked effect upon the education of nurses throughout the state, and through it to others, since in a general sense what benefits one, benefits all.

In New York State it has been most interesting to watch the way in which certain schools are endeavoring to provide the teaching required by recent legislation. You know that there all matters related to education are in the hands of the Board of Regents, and for that reason the duty of registering nurses and of recommending suitable standards for their education has fallen into the hands of this important educational body. No one can register in the State of New York unless the School, from which she is a graduate, comes up to the standards approved by the Board of Regents. You can easily see what effect this is likely to have upon the Schools of New York State. No School can afford to be turned down by the Board of Regents because it fails to provide the proper training for its nurses.

Now we in Maryland have no such central body governing all kinds of education as the New York Board of Regents, but we have, so far as nursing is concerned, the Maryland State Association of Nurses. We must be our own Board of Regents; we must set standards, and unflinchingly maintain them; we must search,

study, think, plan and achieve for the proper advancement of our work; we must know what constitutes a good nursing education, and what does not, and have the courage of our opinions. While we must unhesitatingly reject that which is worthless, we must lend our aid freely to all honest effort toward improvement.

As one means of getting more accurate information about the methods of work in some schools in New York, the Regents have recently sent out one of their Inspectors to look into matters. We cannot too highly commend this step. Where good work is being done inspection is always welcome. It is desirable, however, that such an Inspector should know good work when she sees it, and not be in any way misled. Those who are unfamiliar with the method and details of work which is of rather a technical nature, cannot be well equipped for its investigation, and it is obvious that Inspectors of Nursing should be appointed from the ranks of nurses. They should in fact be nurses who have had prolonged experience in Hospital work and in the training and teaching of nurses, and I have little doubt that this is what will ultimately come about. It will interest you and gratify you I am sure to learn that your Board of Examiners of Nurses for the State of Maryland has decided upon this very means to facilitate its work, and that it has appointed an Inspector of Training Schools for the State of Maryland who can bring to her work the right qualifications. She is a nurse, and one who by extensive experience is well equipped to carry on the duties with which she has been entrusted.

This problem of the education of nurses is one of grave import everywhere, and this Society, I am sure, will adopt as its permanent attitude, that in illness, since no one can say what form disease may take at any moment,

nothing but good nursing is safe, and a good nurse is only made by a certain definite process of training. No one is qualified for the care of the sick generally who has not had a careful and thorough training in each of the general branches of her work.

Now there has been, unfortunately, no check upon the establishment of Training Schools for Nurses. We have seen such schools established, where there was very little out of which to make a school, just as we have seen a three years' course of study in places where there is not enough material to furnish good instruction for one year. And people will continue for various reasons, not all of them good, to build hospitals. In casually glancing over the notices of gifts for such purposes, which have been recorded in one of our nursing journals, I see that many millions of dollars are being given for hospital buildings of various kinds. About seven millions were recorded in one month of this year (1904), and as these records were merely incidental, this sum probably forms a fraction of the actual amount, and is merely mentioned to show how great is the giving in this particular direction. Out of these many millions, but four small bequests have anything to do with the nursing part of the establishment; I am quite sure, however, that whether these hospitals are designed for one special purpose, such as the care of sick children, or of surgical emergencies, they will consider themselves quite justified in establishing a school, in order that the care of the sick may be inexpensively carried on.

If we are asked how the nursing may otherwise be done, we believe there is a way. The successful establishment of preliminary training in Hospital Training Schools and the marked improvement resulting therefrom, in the training of nurses, points out a way for a

system of nursing which, properly developed, should meet much of the existing need in very small and special hospitals and do away entirely with the very small school, in which teaching is rudimentary, and which in many instances offers an experience so limited as to be of little value. The establishment of good central schools of nursing in various centers, where proper instruction is available, could provide suitable teaching in the subjects of anatomy and physiology, the handling of drugs and knowledge of and their effects, of dietetics, that is, the preparation of food and of food values, of the fundamental laws of hygiene and sanitation, and the causes of disease. Such a school could also teach the elements of nursing,—the use and care of medical and surgical appliances, methods of keeping accurate records, etc., and thus prepare the pupil to profit later by her practical work.

After passing through a period of such preparation, the practical part of her training could be provided in various hospitals, which could be affiliated to supply adequate training in each of the services. Think of the relief it would be to the small hospital to be freed from the necessity of keeping a school and of being able to say instead, "We can give six months (or perhaps a year) of good training and experience in the nursing of surgical diseases. We admit only those who have passed through a Preparatory School." There would be no great difficulty in carrying out such a plan. The idea is based on the sound business principles of co-operation for mutual benefit. While some of the larger hospitals would continue to maintain and develop their own preparatory schools, working out their own methods, there seems at present certainly no better remedy to suggest for the "present discon-

tents" in many quarters than has been just suggested. Such a central school would meet a well-recognized and widespread need, for while training in practical work can be admirably taught in the small or special hospital, there is no apparent way by which it can supply the groundwork, which is the only safe foundation upon which a good education in nursing can be built.

I have received many applications for post-graduate instruction from those who have given three years of work in certain hospitals and have graduated from them. Some apply to us for further instruction saying plainly, "You teach more in your six months' preparatory work of certain subjects than we learned in our entire three years, and you teach certain other necessary subjects that we never studied at all in any form."

I have sometimes wondered if it might not be the province and the privilege of a State Society to further the establishment of such a central school.

It is one of the advances in nursing education which clearly must sooner or later be made. I have dwelt at much length upon this question of education and training, because it lies back of everything that we may undertake, and our success and usefulness in a broad sense is in direct proportion to the completeness and thoroughness of that training.

Passing from the subject of needed reforms in education to other matters I would say that there is no branch of our professional work of which a State Society can afford to be in ignorance and I would add that we can almost equally little afford to be in ignorance of the social, charitable and philanthropic movements, working everywhere for the betterment of the people. Our work is often related to theirs, or so closely bound up with it, that the activity of one is helpless without the

activity of the other. You will see that in arranging these meetings we have brought into the programme two subjects, which are really public health questions. These are:—*The Prevention of Tuberculosis*, and *The Medical Inspection of Schools*, in which we cannot limit our interest entirely to the actual tasks which nurses perform, but must let it include an intelligent understanding and appreciation of the whole of these preventive measures in which we have our share of work. When a little over a year ago I made some study of the work of visiting nurses, in reference to tuberculous patients, I could only learn of two nurses who had ever done any special work in that direction and then only during a very short period. There are now fifteen nurses in New York, working in connection with the Board of Health, and with certain Dispensaries, and their work has so commended itself that it promises to become a feature of the crusade against tuberculosis everywhere. Of its usefulness there can be no question, but it is to be hoped that its unique nursing value will not be taken away from it, and the nurse be utilized as a mere collector of statistics.

Of the nurse in Public Schools you will hear to-night, and will be interested, I am sure, to learn of the improvement effected in the health of school children, partly through her agency. Here again we see the rapid growth of a good idea characteristic of the country where the one nurse, who began to feel out her way in Public School work in New York just two years ago, is now the Superintendent of all School Nurses there, with a staff of thirty-five nurses assisting her. Before such work is established in Baltimore the members of this Society should know what has been done elsewhere, and be ready to help forward a movement which prom-

ises, as this does, such rare opportunities for real service to the families of our community. For what can really compare with the health of the children? If we want to improve the general health of the people we must begin at the bottom and not at the top; we must begin by teaching cleanliness among the little children in the schools, and the proper care of the simple ailments, which may, if neglected, lead to serious conditions later. It is not too improbable that certain hygienic problems in the schools themselves might profit by the same practical care which the nurse bestows as a matter of course upon her hospital surroundings.

As a preparation for either of these two forms of special work, I can think of nothing better than a period of regular service as District Nurse, and I like the use of the word "regular." For those who contemplate school work at some future date, I repeat the suggestion of District Service, and commend to you the useful knowledge you will gain of the homes and lives of the people.

You will hear later of two interesting forms of special work, Hourly Nursing and the special work begun recently by Miss Sutcliffe in New York, so I will not go into these matters further than to say that Hourly Nursing here has undoubtedly proved a most useful branch of our work. It will not probably grow to great dimensions, but in those instances where it is needed, nothing else can answer. Of the many calls for nurses which range from regulators of disorganized households to Inspectors of Tenements, the very newest is the nurse who finds her work among the employees of a large department store, and has her quarters in the building.

To the special interest of this Society I commend two noteworthy developments of recent years. One is the course of instruction in Hospital Economics opened up

for graduate nurses some years ago at Teachers College, Columbia University, New York. This work is one of the few strictly educational developments of which we can boast, and Teachers College is the one place in this or any other country where training is given to fit women for hospital positions, either administrative or teaching. We see, as I have said before, great gifts resulting in the most costly structures which the ingenuity of the architect or the pride of the giver can devise. We find some of these hospitals finished and equipped with the utmost extravagance, but nowhere, except in this one place, do we find an attempt to teach those who are to have the responsibility for the educational work that goes on within these buildings. Last year we had a group of fifteen interesting and enthusiastic students at the College, and our work there will grow rapidly when we can obtain a suitable endowment. I should advise all of you who are interested in this to write for circulars to the Secretary of Teachers College.

The other enterprise is one with which you are more familiar but it is none the less noteworthy. That is the *American Journal of Nursing*. It is no small achievement that a group of women, all occupied in positions which gave them scant leisure, should have formed their stock company, found a publisher, provided an editor, and established a Journal, which has grown steadily in importance, usefulness, and financial standing. This Journal is a power in the nursing world, and no nurse who cares for her profession can afford to be without it. Our professional literature yet is so slight in extent that we should welcome all that we can get. Where medical men take half-a-dozen journals, and need them all to keep up with the advances made in their work, we do not all of us take even one. We show a pitiful and nig-

gantly spirit in these matters. We have not yet learned the first principles in the way of proper support of our societies' journals. A whole house full of nurses will take one journal among them, and grudge for what is practically a whole year's education of a certain kind, the price of one theatre ticket. We have a good subscription list, it is true, for a professional journal, but not one-tenth as large as it would be if we were more public spirited, more imbued with real loyalty to our profession. It is with the hope of awakening a keener interest in the Journal, of which we have every right to be proud, that I have suggested following the plan of the American Medical Association, and having the Journal included next year in our fees and dues. We do not care as we should for things until we make some sacrifice of time, money or effort for them.

There are certain matters, which do not perhaps require immediate attention, but which we should try to understand thoroughly and come to unbiassed opinions about (if possible). One of these is the subject of Central Directories. I am well aware that this is not a popular subject, yet it is distinctly an important one, and we may relegate it to the background now, but there can be no doubt that it will come up again and again until it finally compels action. The registry is established for the convenience of the physicians and the public. With all possible speed and efficiency it should serve their needs, which are of the kind that cannot wait. No doctor nor patient should have to telephone to several different places to find a nurse nor should the machinery of a registrar's office be duplicated unnecessarily in half-a-dozen little Directories in one city, when one place properly managed would be infinitely more efficient, satisfactory and economical. This plan should

include a Central Directory, with its business offices, library, reading rooms, and a good hall for meetings. Is there any reason why we should not have such facilities for work and growth as are common in other callings? The suggestion that there would be favoritism in the choice of nurses from different schools to be sent out by the person in authority is so preposterous that I cannot credit intelligent grown women with such a childish view. A committee in control of such a Directory could represent fully every section of a State Society, and be trusted to deal fairly with all. If the Executive of this Society, for instance, can be trusted to frame and carry through an important legislative measure, could it not manage a Directory?

I leave this and other minor matters in your hands, asking for them your thoughtful and earnest consideration. Not as representatives of any schools are we gathered here together to-day, but as a united band of trained women workers, who daily for years have been facing and meeting quite the most vital issues of life. Many of the wounds made by the social and industrial conditions of the day are brought to us for healing, and the gravity of the conditions we are forced to see, recognize and handle to the best of our poor ability is beyond any conception of our work which a few years ago was comprehended in the idea of nursing. If we in all phases of our work must face a longer and more severe training than is needed for many other matters, let us remember that our work is of a very high order;—that as a writer recently said of an artist's training, "Those who are to do it should be sifted like wheat; that training is severe in the exact degree in which the work for which it prepares is delicate, spiritual and enduring."

It is my desire and hope that this Society shall be an

unfailing influence for good in every direction into which it reaches; that it be "counted on" for help wherever such help as it can give is needed; that it may not in any way be found wanting. If in commenting upon weaknesses, which we all share to some degree, but in which we should not be allowed comfortably to continue, I have touched upon some tender spot, I ask you to remember that "faithful are the wounds of a friend."

SUGGESTIONS FOR EDUCATIONAL STANDARDS FOR STATE REGISTRATION¹

IN asking the State to establish and maintain definite standards of education for nurses, we call upon her to look carefully into the whole system of nursing education, to inquire not only into the nature and extent of the professional education offered by training schools, but also into the qualifications and preliminary education presented by candidates for admission to such schools. For it may be laid down as a fundamental proposition in considering this subject that, no matter how complete and thorough a professional training may be offered, it is of limited utility when given to those not prepared by previous education to profit by it.

The requirements for entrance to training schools, therefore, compel our attention at the outset to any suggestions which may be made as to educational standards for State Registration.

Certain points which are little considered among the requirements in other branches of education—namely, age, height, size, physical condition, freedom from family ties, etc.—have long taken a place of relatively high importance in weighing the merits of applicants

¹ Read at a meeting of the International Council of Nurses, held in Berlin, June, 1904.

for admission to training schools. In reference to the *one indispensable* requirement for all other kinds of education, academic or professional, that is, a suitable preliminary education, the training school for nurses has been singularly unexacting. Indeed, its doors have been hospitably held open to applicants conspicuously deficient in this respect, and it is well to consider just here some of the reasons why the requirements in this particular should not be higher and more rigorously applied.

It is well known that a good many people, among them doctors, and even the heads of some training schools, still honestly believe that it is not only not necessary, but undesirable, that nurses should be educated women. It is equally well known, that many highly educated women are attracted to the work of nursing, yet they shrink from the long hours, arduous labor, and severe discipline which the hospital training includes, especially when it is clear that little in the way of systematic, suitable instruction accompanies it. What is perhaps not so well known is the fact that it is exceedingly difficult to set up standards of any kind and maintain them unflinchingly while the hospital in which the practical training is given requires a certain definite number of students to carry on its work. An enormous mass of routine work must be accomplished daily by students in any hospital in which a training school is established, and, whether well or ill qualified, they cannot be permitted to fall in number below a certain specified limit, or they will prove insufficient for the needs of the hospital. It is easy to see that under these conditions it is impossible to reject candidates beyond a certain point, even when there is a full realization on the part of the Superintendent of the training school that some of those permitted to remain are far below the standard

which she would like to maintain, and are unpromising material out of which to try to develop satisfactory results. These students are kept because, even though poor in qualifications, they are the best at the moment available, and the product of their activity as students is necessary to the maintenance of the hospital.

The ways by which the educational requirements for admission can be improved and brought to the right standard are, first, by an improvement in the schools themselves. The fact that in schools where the teaching is known to be excellent, the opportunities for study and experience liberal, and the conditions of life wholesome, the number of applicants well prepared by previous education grows larger each year, points a way to advances in this direction.

Professional training has been described as the very last stage of education, and though true education is always incomplete, new knowledge in every good system of teaching should be based upon that which has preceded it. Certainly no worthy superstructure can ever be built on weak and unstable foundations. In seeking to decide just what foundations are safe and suitable upon which to build a professional education, we find that standards vary greatly in different countries, and even in different parts of the same country; but an approximately safe standard, so far as America is concerned, for entrance requirements to training schools is that of High School graduation.

The High School stands between the elementary school and the college, and affords good ground work in the fundamental English branches, in mathematics, history, ancient and modern, literature, and some language. A full course covers four years, and one who at eighteen or nineteen years of age has graduated from a good High

School should have acquired not only certain definite knowledge, but habits of observation, accuracy, and thoroughness; above all, she should bring to further her work some of the earnestness of the student. If we are right in contending for a professional status for nursing, then those unprepared by some such study as is here outlined may be said to be unqualified to undertake the study of nursing.

Concerning the other entrance requirements, a word should be said. While in England the medical profession is engaged in deciding whether or not a candidate for entrance to a medical school shall be sixteen or seventeen years of age, we stretch the matter rather far in the other direction by insisting upon twenty-three or twenty-five years as the lowest age limit for admission to nursing schools. Age is often a matter of circumstances rather than years: the way in which those years have been spent, the responsibilities they have brought, rather than their number, frequently prove a useful guide in helping to decide as to the fitness of an applicant. The ground has been taken that at about twenty-three years of age a woman becomes more settled in purpose, and apt to view life more seriously; but the writer's experience would go far to show that "Follicles do not cease with youth," and the troublesome students in training schools are as likely to be thirty years of age as twenty. While it may be advisable (though it hardly seems compatible with liberal education) to set a fixed and unalterable age limit, it would seem as if we might with wisdom place it a year or two earlier than the present standard. There is another side to the question too seldom considered. The high age limit of admission cuts short by just so much the total period of professional activity, already limited by the exacting nature

of the physical demands made upon those engaged in it—their irregular hours for sleep and food, excessively long hours of duty, and their great anxieties and grave responsibilities. Add to this the fact that in most branches of professional work the tendency seems to be to give the preference to the younger, stronger, and more vigorous candidates for positions, and you have a reasonable argument against a very high age limit.

The physical fitness of the applicant should be settled by rigid examinations, conducted not by the kindly family physician, anxious to assist some young *protégée* to a remunerative occupation, or to provide a cure for a troublesome patient suffering from lack of an object in life, but by a physician of the institution authorized to conduct such examinations. The most searching scrutiny should be made into the personal fitness of the applicant. No women but those of unquestionably good personal qualifications should be permitted to enter upon the study of a profession entailing such peculiarly grave responsibilities upon those who practise it. It is difficult, however, to suggest any measures which will bring satisfactory and reliable assurances upon this point, beyond those which are ordinarily employed in training-schools. Letters from clergymen and other officials may mean much or little, and the best results are obtained from careful personal inquiry, when that can be instituted. It is possible that a higher standard of education in admission requirements may prove helpful in settling to some degree this difficult and delicate matter; and that a long, and exacting course of study may assist in rendering the work undesirable except to earnest, high-minded women.

Assuming, then, that we have a candidate whose education will correspond to some established standard,

such, for instance, as a high school graduation certificate; of age not below a safe limit, say twenty years; of physical fitness decided by careful physical examination from medical men of known competence and impartial judgment; of moral fitness satisfied by searching inquiry—what shall be the nature of her professional education? What shall be the length of the full course, the number of hours of work and study daily? What subjects shall be taught, and what length of time shall be devoted to each? How shall the time devoted to practice and theory be apportioned, and how shall such instruction be given?

The length of the course of study in training schools, beginning in 1860 at one year, has grown from one to two years, and within the last decade very rapidly has lengthened into three years, until now most leading hospitals have adopted that term, and it has come to be pretty generally accepted as a proper period for the full course of training. It has been found difficult to teach fully the number of required subjects in less time, but, in the opinion of the writer, three years is the maximum period which should be set when we bear in mind that three years of work and study in a hospital training school equal, if they do not exceed, in point of time, a four years' college course. Each year in college is about eight months in length, and the full four years of college work means about thirty-two months of study. Each year of work in a hospital training school is never less than eleven months, in which not one day, even Sunday, is free. There are no Christmas vacations, no Easter holidays, and summer vacations are usually limited to three, or sometimes two, weeks, and the result is that the student gives to acquire her profession more than the equivalent in time of a four years' college

course. A four years' course of training school work, judged by other scholastic standards, actually means five years of work and study, and is beyond the limits of time which can properly be required for training in general nursing. In those instances where every portion of each year is fully and properly utilized, where the work and study are systematic and carefully graded, there is in three years (exclusive, possibly, of a preparatory term) abundant time for a full course of instruction, and an added year seems but a confession of weakness either in the methods or material of the school, or in the qualifications of the students.

If in a large general hospital school students are left month after month in certain departments because they have become expert in the duties belonging to these departments, and it is easier to keep them there than to change and teach the duties to a new student, the chances are that the end of three years will find many with an ill-balanced training and total ignorance of some subjects. The same possibly might be true in such schools at the end of six years.

Unless the closest watchfulness is exercised, a nurse may pass from ward to ward and spend the greater portion of her time in giving medicines and taking temperatures, pulses, etc., and supervising perhaps a few treatments, merely because she knows how. Where the material for teaching is limited and fails to meet certain basic requirements which will be specified later in this paper, there is no ground for establishing a three-year course of training.

The number of hours to be devoted to practical work in the hospital wards is a matter of first importance in planning a course of instruction. It is practically useless to provide elaborate schedules of study consisting

of classes, lectures, demonstrations, etc., unless the pupils can go to those classes in a fit physical condition to profit by such instruction, and it is generally conceded in other educational institutions that any instruction given after five o'clock in the afternoon is more or less wasted effort. I think I am right in assuming that lectures in the evening and classes in the late afternoon are so universal in training schools as to form the rule; that students attend those classes who have risen at 6 A.M. or even earlier, and who have been engaged from that time on, a period of from eight to ten hours, in active physical effort; that they commonly enter the class-room in a condition of physical fatigue which forbids any real mental effort. Neither the willingness nor even the enthusiasm of the student, not the interest nor the excellence of the subject nor its manner of presentation, can arouse to fruitful activity minds so influenced or controlled by physical states.

In a study of working hours in representative schools made a few years ago, I found the average number of hours of practical work daily in hospital wards to be ten and a half. Is it not folly to expect good results from even the best teaching under such conditions? Eight hours of practical work should be the limit of time required of students throughout the general term of the three years' course. In certain departments, such as operating rooms or maternity wards, it is sometimes impossible to regulate the hours, but the term of service in such departments is usually brief, and does not affect the main system. To eight hours of practical work, two hours may be added daily for theory in some form, either lecture, class or study, thus forming a ten-hour working day. And every effort should be made to bring the instruction into the earlier hours of the day,

and to do away with evening classes and lectures as a rule.

The direct object of the training school being the preparation of women for the care of the sick of the community, no matter what forms of disease they may be suffering from, it is clear that the subjects upon which instruction is given must be such as will fulfil the object. What may be called the four great branches of nursing are the fundamentals of a good nursing education, and form an indispensable requirement of a modern training school. Every student should be thoroughly grounded in the care of medical, surgical, gynæcological, and obstetrical patients, and any school finding itself lacking in ability to teach properly any one of these subjects should either provide opportunities for its students to obtain such needed instruction in some other hospital or school, or cut short the term of instruction if that has been placed at three years.

To these four subjects should really be added the care of children, in view of the place in medicine which this subject takes, though it is in a measure included here under medical and surgical training. There is a growing appreciation of its importance from a nursing standpoint, and of the necessity for developing it as a definite branch in a general course of training. The practical training in these five great subjects forms the major part of the whole course of instruction, and should consist of systematic and continuous bedside teaching, which should be carried on by instructors especially prepared and provided for that purpose. Nothing can take the place of this kind of instruction, and the whole function of lectures, classes, demonstrations is merely preparatory or supplementary. The main body of teaching should always be at the bedside, and that

should be done in a far more thorough and comprehensive way than is now generally the case. It may be the province of the assistant to the Superintendent, or of the head nurse of the ward, or of special instructors. In those hospitals where the service is very acute and active, or where a medical school is attached, it is often impossible for either head nurses or assistants to give such teaching, and an instructor provided for the purpose carries the work forward systematically and to better advantage.

It has been customary in training schools to place the entering students at once on duty in the hospital wards. Here they were expected to perform for a brief period the simpler duties of bed-making, dusting, cleaning of appliances, were advanced to more responsible duties at the earliest possible moment and utilized for various needs of hospital work as rapidly as their apparent progress made it safe to do so. I say apparent progress, because real progress is not possible where students are forced rapidly along to the performance of acts which they do not understand; the valuable opportunities for instruction such acts should afford are almost wholly lost to them when they have not been in some way prepared by previous instruction. It is true of nursing schools, as of other professional schools, that to be of the greatest value to the students the courses of professional and technical study should be preceded or accompanied by carefully-planned instruction in subjects which are fundamental to that work. The subjects which may be clearly recognized as such here are anatomy and physiology, household economics (which represent a study of foods and nutrition, hygiene, and sanitation), materia medica, and the principles and elements of nursing. A student who enters the hospital

wards prepared by some thorough teaching in these subjects within certain naturally defined limits, brings trained intelligence to bear upon the processes of her work. She can understand what she sees and handles, and can profit by matters which without such teaching would pass by unnoticed.

Preparatory training of some such nature had its origin in the Royal Infirmary at Glasgow, has been carried on as a matter of experiment in certain schools for the past few years, and is now definitely established as a part of the course of instruction in several leading hospitals both in England and America. It varies as greatly in length and in the handling of its subjects as the general training of nurses varies, and nothing under the name of education exhibits a more interesting and manifold variety of standards than the latter.

Such preparatory courses may cover a period of six weeks, three months, six months, or even one year. They may include the subjects named on a previous page, or much of the theoretical instruction for the three years may be crowded into three months. They are in some instances so arranged that the instruction is carried on largely in the wards, in others in certain departments outside of the wards, and, again, in technical schools having no relation whatever to the hospital. Still further, they may be established in a separate building, belonging perhaps to the hospital, provided and equipped for use as a preparatory department. This method is immeasurably superior to any other, and may be considered an ideal way of maintaining such a course of study. What is of interest and value to us is the growing recognition of the fact that some such preparatory instruction is necessary, and the rapidly increasing number of attempts which are being made under many

difficulties to provide it. Whatever form this instruction may ultimately take, it may now be reasonably looked upon as a necessary part of a good education in nursing.

The practical work in this period should occupy about six hours daily, which will leave three to four hours for theoretical instruction in subjects which it will be observed have hitherto occupied largely the time devoted to theory during the entire junior year.

In household economics the various subjects must be handled and taught in a large degree practically. Some department of the hospital where the work desired for instruction is carried on daily may be chosen, and students may be detailed for duty there under an instructor precisely as in a hospital ward. The nurses' home, under some circumstances, forms a good field for this teaching, especially in handling the subject of foods and their preparation, providing, as it does, two breakfasts, two dinners, and two suppers. The private wards, if such exist, or even in a small hospital a general kitchen, may be utilized for the study of foods and their nutritive values, their care, use and preparation for various forms of disease. In the same way may be taught the principles and methods of ventilation and heating, of plumbing and drainage, and other matters which, under the general term of hygiene, relate to the care and maintenance of a healthful household. The practical handling of those affairs of the household, which lie at the foundation of good nursing, should be sufficiently taught, and, lacking a separate building for the purpose, it is usually quite possible to appropriate from existing opportunities in the daily work of various departments of the hospital, such material as will prepare the students in these fundamental branches. In the study of foods

there should be a series of classes, combined with the practical work, taking up first the chemistry of foods, and afterwards studying food values, nutrition and diets in various diseases.

The courses in anatomy and physiology should be systematic and thorough as far as they go, and should consist of recitations and demonstrations, laboratory work, and lectures. An excellent method of teaching these subjects for our purposes, where every step of new knowledge depends so closely on some preceding step, is through a short term, covering a period of, let us say, twelve weeks, occupying, perhaps, six hours weekly. A fair working schedule for handling this subject in this way may be arranged thus:—

Recitations one and a-half hours once a week, lectures one hour once a week. The recitations follow the usual form, and are as valuable here when properly conducted as in the other subjects. In the laboratory work, occupying three to three and a-half hours weekly, the student is brought into direct contact with the subject of her study, and handles tissues and specimens, makes crude dissections, and uses the microscope. By means of the one lecture weekly the instructor explains such points as have presented special difficulties.

Materia medica may be taught entirely by means of recitations and a few class demonstrations, or it may be partially taught in the hospital pharmacy and the practical instruction obtained there supplemented by class teaching. In the pharmacy, a group of students (three to four) may be placed on duty, say two hours each morning for a period of four weeks. Here they become familiar with various forms of drugs, learn their sources and the influences under which they deteriorate. They are taught accurate weighing and measuring, and care-

ful handling. In a series of classes which should follow this practical work, instruction should be given concerning the methods of administering drugs, and the observations of their effects, also of poisons and their proper antidotes.

In the principles and elements of nursing, the course of instruction would cover some such ground as is here outlined:—Beds and methods of bed-making; changing of linen, and moving and managing of helpless patients; the use of appliances for the relief of bed-patients; the daily hygienic care of ordinary bed-patients, methods of bathing, and the use and care of ward appliances and utensils; external applications, (hot and cold), the use of hot-water bags, fomentations, poultices, plasters, liniments, etc., ice and cold compresses, bandaging; preparation for enemata, catheterization, douches, irrigations with instructions as to purpose and methods of administering; methods of taking temperature, pulse and respiration of patients, accuracy in keeping charts and other bedside records, taking notes and making reports. Two hours weekly for twelve weeks would enable an instructor to cover this ground in a careful, even if rudimentary, way, so that on entering the ward the student is familiar in some degree with her surroundings, and may be safely entrusted to perform the simpler tasks, and to meet the less urgent requirements of her patients.

The subject of hygiene is exceedingly important, and should be thoroughly and practically taught. It should deal with the proper air supply and temperature of sick-rooms, showing methods of ventilating and heating; with water supply, how contaminated, how purified; with disposal of excreta and other waste matter; methods of disinfection of rooms and clothing; of the general causes of disease and methods of prevention; and with

the personal regimen which should govern a healthy life. In a course of six or eight lectures or classes, including practical demonstrations, and supplemented by visits to buildings where various methods of heating, ventilating, etc., can be shown, the student can obtain a fair working knowledge of this subject which will serve as a basis for future study in this direction.

Emphasis has been already laid on the advantages which such a course of preparatory instruction offers over the usual method which permits the student to enter the hospital ward so unprepared that she becomes an unskilled and unintelligent performer of duties which are almost, if not quite, meaningless to her; so unprepared that for many months she may profit little by the excellent opportunities which the ward offers.

By the general character of her work throughout the entire preparatory period, by practical tests at intervals and by means of written and oral examinations at its close, the ability of the student to proceed further can be readily determined, and the opportunity for careful observation and study of her personal characteristics during this longer period proves invaluable as an aid in deciding the question of personal fitness. The student so prepared and equipped by definite instruction in subjects directly fundamental to nursing may now enter the hospital wards and proceed at once with training in the actual care of the sick. On a previous page have been named the subjects in which she should receive careful, thorough, systematic instruction. As to the length of time which shall be devoted to practical training in each subject, it is difficult to set an arbitrary limit. The different services in any hospital may vary widely in the opportunities they present for instruction, either from year to year or at different seasons of the

year; they cannot be made to conform wholly to any course of instruction. In a medical ward, for instance, during what is known as the typhoid fever season, a nurse may obtain a better practical knowledge and experience in two months than in double the time at another period of the year. Almost invariably some one or two services are larger and more acute than the others. One hospital may provide an excellent service in general surgery, while, in another, gynæcology may be much the more important. Three months of medical training in one hospital often mean a totally different matter from three months of such training in another. It is reasonable to assume, therefore, that the length of time devoted to each subject should be a matter of adjustment in a certain degree in each institution. As a rough working outline, subject to such modification or expansion as each hospital may find necessary, I would suggest, exclusive of the preparatory period:—Medical training, one year; surgical training, one year; obstetrics, three months; operating rooms, three months; total, two and a-half years. Under the head of medical training may be included the nursing of all ordinary medical diseases, the infectious and contagious diseases, some nervous disorders, and the care of children.

The year devoted to surgical training should include the care of patients before and after all varieties of general surgical operations, of gynæcological operations, and also of patients suffering from orthopædic troubles. Approximately, the time devoted to each branch of surgical service would then be about six months. This time allotment is of course suggestive only, and must be subject to such slight variations as the unequal services of different hospitals render necessary.

As to methods of teaching and training, stress has

already been laid upon what seems to me to constitute the main feature of a proper system. Nursing involves the acquirement of two things—knowledge and technical skill. The skill is the art which is taught by one, the teacher, and acquired by the other, the student. It can be taught in one place only—the bedside. There is the true place for the teaching of nursing. There only can be taught the accurate observation which lets no faint shadow of change in a patient pass unnoticed; the skilful handling, the sure touch which brings relief, comfort, and confidence; the thoughtful foresight which anticipates and provides for needs which cannot be expressed; the exact recording of facts and conditions which enables the physician to draw proper inferences and conclusions, and keeps him in command of the situation. These can never be taught anywhere but over the patient and under the eye, the constant personal supervision, and criticism of the teacher. Lectures are necessary to cover in a systematic and comprehensive way a certain defined field of instruction. The causes of disease, the symptoms which they present, the complications and difficulties which may arise, methods of treatment, and the reasons why one thing should be done and not another, form in a general way the subjects which should be handled in the lecture-room. The conference system—that is, the interchange of thought between teacher and students—should be used freely.

The apportionment of subjects for the different years, the grading, so that the student is carried forward from one subject to another in a systematic, orderly, and logical manner, is much more easily arranged in the theoretical instruction than in the practical. We cannot say that medical training should come first and gynecological should follow, because under the present

system all the patients must be nursed all the time by students and each ward must have its quota of younger as well as of older students. In a general way it is advisable to give the solid grounding in the care of medical, surgical, and gynæcological patients during the first two years, leaving training in obstetrics, in operating-room procedure, in the care of nervous patients and other special subjects to the senior year. The course of lectures and classes should cover in a systematic and comprehensive way the entire field of nursing work.

By conference between schools, by constant comparison of methods and results, a definite outline of the essentials which must be taught concerning a given subject, and a definite time allotment necessary for the proper handling of that subject, can in time be agreed upon. It may seem of small importance in the beginning whether a subject is taught in a series of six lectures, or in a series of classes accompanied by demonstrations occupying three hours weekly for six weeks; but three years hence it may make all the difference between a nurse who knows that particular subject and one who does not.

New subjects must appear as medical knowledge advances and finds new methods of overcoming disease, but the general principles outlined here would probably apply to such new branches of study. In our efforts to establish through legislation certain definite standards for the education of nurses, we shall be met by a good many new practical problems. These will have to be worked out and I am sorry that it is not possible within the limits of this paper to discuss some of them. What I have attempted to do here, is to set forth some of the main points which should be considered and the ideals by which we should be guided in strengthening the

foundations of our educational structure. It seems essential that we should do this as we endeavor to establish standards which shall have a basis of uniformity and upon which we can build safely in preparation for any service which the community has a right to expect from us.

THE PRELIMINARY EDUCATION OF NURSES¹

IN looking over the field of nursing and noting the remarkable improvements made in some directions, our attention is drawn to one particular phase of our work where certain departures have been made from ordinary methods which seem to us significant of tendencies of thought, and as such to be worthy of careful consideration. The changes referred to are the establishment in some schools for nurses of what is called "preliminary training," meaning, briefly, a period set apart for the preparation of the pupil nurse before permitting her to proceed with the further training provided by practical work in the hospital wards. From the fact that these changes have been established in schools widely remote from one another, and without communication or common impulse, it would seem that each school must be responding in its own way to a recognized need in its work.

The first school, so far as we know, to demonstrate the existence of such a need by making provision to meet it, was the Glasgow Royal Infirmary, which in January, 1893, established a course of preliminary training extending over a period of three months. This plan included courses of lectures and demonstrations in anatomy, physiology, bacteriology, and hygiene, in the

¹ Printed in the *American Journal of Nursing*, March, 1901.

principles of therapeutics, in cookery, and in ward work. The course was divided into two parts; the first, consisting of lectures, etc., was delivered at St. Mungo's College; the second and more advanced part was given at the hospital. Entrance upon the second half of the course was conditional upon passing the examinations of the first. The fees for the full course were about five pounds, the pupil providing board and lodging for the three months at her own expense.

In establishing this course of instruction the superintendent of nurses, Mrs. Rebecca Strong,¹ referred to her experience in hospital nursing, extending over thirty years, which had made it evident that a pupil requires a certain amount of technical knowledge before she can reap any benefit from the practical part of her work or be of service to others; that the ignorance of a probationer is a dangerous ignorance, greatly lessened by preliminary instruction and training, and that a further advantage is derived from the uniformity of such instruction. Of great importance also was the removal of that serious interference with the proper administration of the work in the wards which resulted from taking away pupils at irregular hours to attend classes and lectures.

A somewhat similar course of training to that which has been outlined above was established at the London Hospital about 1895.² It differs from that of the Glasgow Infirmary in the following points: in length (about six weeks), in some of its subjects; in providing board

¹ "A Plea for Uniformity of Education in Nursing," by Mrs. R. Strong, superintendent of nurses, Glasgow Royal Infirmary. Published in *Trained Nurse*, January, 1895.

² The writer is not informed as to the exact date on which the London Hospital established this course of training, but remembers first hearing of it in the year 1895 as something quite recently inaugurated.

and lodging free of expense, and in the fact that it was expressly stated to be established for a limited number of selected candidates.

Pupil probationers received instruction in and were required to perform such household duties as would subsequently fall to their share when admitted to the wards. These included sweeping, dusting, etc., but no cleaning of grates nor scrubbing. They were expected to become quick and thorough in accomplishing such portions of ward work as would shortly become a part of their daily routine in the hospital. They were also expected to become proficient in sick-room cookery, in bandaging, and in such details of practical nursing as could be taught previous to their actual attendance on the sick. In addition, they were to have the advantage of attending lectures and classes on elementary physiology, anatomy, and hygiene especially arranged for their benefit.¹

This idea was further developed in the Dublin Technical School for Nurses, which was established as a central place where probationer nurses from all hospitals could attend to receive instruction in anatomy, physiology, hygiene, and cookery, after first passing required examinations in English.²

¹ A recent comment upon this system, cut from the *Nursing Record*, may be accepted as some evidence of its value: "Preliminary training for probationers at the London Hospital has proved so successful that the system is now being greatly extended. Tredegar House, Bow Road, where pupils have been received for preliminary instruction in technical details, has failed to meet the demand for such instruction, so the committee has acquired the adjoining house, which will enable all probationers to be received for this teaching before passing into the hospital wards for practical trial."

² A recent letter from Miss Huxley, the Director, says, "We have every reason to be pleased with the results."

On this side of the Atlantic we find what seems to be an outgrowth of a similar idea in the School for Nurses at Waltham, Massachusetts. Here the first six months of the three years are set aside for the preparation of the pupil for her practical work later, and this is called a probationary period. During the first term of the probationary year instruction is given in anatomy and physiology, in chemistry and hygiene, in the principles and practice of asepsis, in all branches of practical housekeeping, especially housekeeping for the sick, and in the care of infants and convalescents. At the end of six months, probationers who have passed satisfactory examinations and who have proved their efficiency in all of these branches are given nursing service in the wards of the Waltham Hospital. As, in addition, "during the first term of the junior year student nurses are assigned to nursing service in the private practice of their physician-instructors," it is evident that this is not preliminary training in the sense in which it has been established in the schools before referred to. Practical nursing work, done outside of the hospital instead of in it, is apparently performed by the probationer from the date of entrance. This is done partly under supervision and partly without it, as the accompanying extract from the circular will show:

"A distinctive feature of the school is the training given in district visiting nursing. As has already been stated, the probationers are taken out by the superintendent or her assistants to such work, beginning with the more simple cases. Several thousand such visits are made during each year. On these nursing visits they are taught how to wash and dress infants, how to care for lying-in women, how to make clean and comfortable convalescent patients and helpless chronic invalids who either cannot afford or do not need continu-

ous nursing. After the probationer has satisfied her teachers of her ability to do well the nursing service required at one place, she makes the visit by herself on the following days until the patient recovers or until another probationer is taken there to be taught, and she is transferred to a more difficult case."

The course at this school cannot, therefore, be considered in any sense an adequate preliminary course.

This idea that some preparatory instruction of the pupil is necessary before permitting her to enter upon practical training in the hospital wards has taken definite form in a course of instruction provided for that purpose in three important centres.

It is of further interest to us to see to what degree such ideas may be held by others representative of the nursing profession and competent to judge of its needs. From recent papers and addresses given before our nursing societies we find evidences of the general tendency of thought in such statements as follow:¹ "There is no present prospect for the nurse of gaining her theoretical knowledge as the young doctor does his before entering the hospital wards. This in itself would be of infinite value, and would render the nurse's work both intelligent and interesting from the outset."

Again we quote: "The time may not have arrived for training-schools in this country to take such a long step in advance as to adopt the plan of the Glasgow Royal Infirmary in giving a preliminary course of instruction. Boards of Trustees might demur at the ad-

¹ "How to Prepare Nurses for the Duties of Alumnae," by Miss Lucy Walker, superintendent of nurses, Pennsylvania Hospital, before the Superintendents' Society. *Nursing Record*, April 15, 1899.

ditional expense, and it might take a good while to educate them to an appreciation of its advantages."¹

In a recent number of the London *Nursing Record* we note that the necessity for this preliminary training is very strongly urged by Miss Stewart, matron of St. Bartholomew's Hospital, one of the oldest, greatest and most important hospitals in the world. Apart from these publicly expressed views, which the writer has noted in the way in which one always appropriates evidence bearing upon a matter much in one's thoughts, the general consensus of private opinion has almost invariably been, "It is an excellent idea, but how can we carry it out?"

The natural and inevitable inference from these statements is that existing methods of instruction in hospital training-schools have proved unsatisfactory in this particular direction and are in need of reform. The methods in general use in these schools at present conform very little to such as have been accepted as intelligent and effective in other educational institutions of somewhat similar scope and purpose. The school for nurses claims standing-room among schools whose purpose it is to teach a profession, precisely as the medical school teaches its graduates to practise medicine, or the law school prepares its graduates for admission to the bar. The scope of such a school is bounded only by the largest conception of the requirements of that profession, by the aspirations and ability of its faculty, and the means at their disposal. All professional schools, therefore, having largely one purpose, it may be assumed that they should possess a certain general similarity of methods, such as definite requirements for admission, and such

¹ "Uniformity in Methods of Teaching Ward Work," by Miss Riddle, Boston City Hospital. (1898.)

a graded arrangement of the subjects of instruction that the student may be carried forward in his studies from year to year in an orderly and logical way. Requirements for admission to all professional schools vary greatly in the different professions and in different schools of the same profession, but they are the subject of continual agitation and continual improvement. Not only is it demanded that the applicant for admission to great professional schools shall have a good foundation in general education, or, better still, a college degree, but that he shall have been in some way prepared for the professional school by studies which are directly preliminary, and the tendency of schools and colleges is to so prepare the student by electives. The college degree in an applicant for admission to a medical school may in fact stand not only for general knowledge, but also for special attainments in the line of biology, physics, and chemistry, all leading up to those subjects bearing on his future work. In a proper and logical system of education the acquisition of new knowledge must depend to a considerable extent on what has been previously acquired.

How far do training schools for nurses conform to this idea? What are our requirements for admission? What are our methods of instruction? An inspection of such circulars as are furnished by our schools for the information and instruction of applicants shows plainly that we have few arbitrary requirements of any kind, and these relate mainly to age, size, and physical conditions. Stress is usually and wisely laid upon good character as an essential, but upon the important point of educational qualifications or attainments, such as might reasonably be supposed to prepare one for a profession, there is a silence which speaks louder than

words. Among the sixteen to eighteen questions of which an average application-blank may be composed, a brief "where educated?" may be all that suggests to the applicant that any educational qualification is necessary or even desirable. Here and there an effort has been made to establish a definite standard by a statement that applicants must pass certain prescribed examinations before or after admission, but these are neither uniform nor general, nor do they extend in any case beyond the range of the simplest elementary knowledge afforded by a common-school education. The last word on the subject of educational requirements proper is said when we remind those who apply that women of superior education and cultivation will be preferred.

We realize, to be sure, that many do not concede the claims which nursing makes to be ranked among the professions, and to them and others the possession of a "superior education" is neither necessary nor desirable. One may pause here just long enough to remind those holding these opinions that they are not new, but have been held at various times concerning every one even of those professions which we now justly call learned—theology, law, medicine, the scientific professions, and teaching. Thirty-five years ago, says President Eliot, "hundreds of the medical students could barely read or write,"¹ so that the taking of notes was difficult for them. It is at present our conviction that neither the public generally nor even the governing bodies of schools for nurses have yet come to any adequate appreciation of what may reasonably be expected from the nursing profession, and hence arise some of the difficulties met in our efforts to improve present conditions. Until

¹*Educational Reform*, by Chas. W. Eliot, The Century Co., N. Y., 1898. *Medical Education of the Future*, p. 344.

there is a clearer and more general understanding of the possibilities which the work of nursing holds, we shall be unable to advance appreciably our present requirements for admission.

It is also to be steadily borne in mind that a school for nurses does not merely teach and train as many properly qualified candidates as its size, equipment, and teaching force permit. It carries on the nursing work of the hospital, and has the responsibility of keeping up at all times for the necessary work of the hospital a certain specified number of pupils. So long as these conditions exist, requirements, being governed by imperative considerations, must remain in a measure adjustable.

It speaks volumes for the educating power of the school of nursing that from the meagerly or wrongly educated material there are finally sent forth so many capable, thoughtful, skilful women who ultimately become useful to the community and a credit to the profession. The business of the school for nurses, however, is to teach the work of nursing, and its definite responsibilities should begin and end somewhere. While clearly at present it is our duty to take the best which comes, and to supply as far as possible a training in the school which the applicants should have received before coming to it, and which is the only foundation upon which we can build, we should not be unmindful of the necessity of continuing our efforts to advance the standards of requirements for admission, and to relieve the school of a task of extraordinary difficulty by including among these qualifications some things that now form a part of the course of instruction.

A comparison of our methods of instruction with those of other schools shows remarkable points of difference.

There must be a best way of mastering any subject, and while each presents its own peculiar difficulties, to be met by special provisions and measures, yet our problem cannot be so utterly unlike others as to find in the general scheme of education no precedent which may serve as a guide. If it be suggested that the nature of our work is so different from others that methods may be wisely and safely employed in our teaching which would not be so considered if applied to other fields we must reply that facts as we know them do not corroborate such a belief. By our present methods the student, often with few suitable qualifications, no previous study, no preliminary training, is brought at once into the practical side of her work. A great amount of actual nursing is placed upon the student long before she has been prepared by definite or systematic instruction. Immediately upon entrance to the hospital she is placed at totally unfamiliar domestic duties requiring careful and exact performance, and involving an appreciation quite above the common of the necessity and importance of such duties. She prepares and serves foods and receives her instruction in this most important subject months afterwards. She has been taught nothing about the choice of suitable and nourishing materials, their careful preparation and use, the art which is required in feeding a sick or helpless patient, and the observation necessary to note changes in the appetite and quantity of food consumed by the patients, all of which demand from the very beginning an amount of knowledge, care, and thought far beyond what is possessed by a young pupil nurse. We find her, further, administering medicines and learning how she ought to administer them and what effects to observe, possibly weeks or months later. She begins early the personal care of her patient, with

its countless details and its countless possibilities of danger to him through her ignorance of what she is handling. Some previous study of anatomy and physiology might not only prevent possible errors, but would have the further value of making her work comprehensible from the beginning and of avoiding the establishment of wrong or confused ideas.

That these statements are absolutely correct will be seen from statistics taken at random from the recently published reports of methods of instruction in several of our representative schools. In eleven out of twenty of these schools we find materia medica taught in the second year; in six it does not come until the third year; yet those familiar with the training of nurses know that the pupil may begin her practical handling of drugs within two months after admission. Dietetics is taught sometimes in the second year, sometimes in the third. Anatomy and physiology, while more uniformly a feature of the first year's teaching, are yet to be found both in the second and third years. It is reasonable to infer that the pupils have obtained the practical part of their instruction with much less advantage than if they had received some systematic preparation for it. Among the arguments in favor of this method we find it stated that the pupil is always taught individually by a head nurse or senior nurse before being allowed to perform any act. In a busy hospital ward this is frequently quite impossible, and the statement is one which after some years of experience and observation the writer is unable to accept; even were it true, such a method would be a poor substitute for careful, thorough, and systematic preparatory teaching.

A moment's consideration of such a system as now prevails shows its crudity and weakness. It is no argu-

ment to say that a pupil can quite well acquire the little necessary knowledge of the principles of her work as she goes along. She can acquire them much better before she goes along, and her going will inevitably be attended with more benefit to herself and with considerably less chance of injury to the patient. Beyond all question practical skill is the thing, and all instruction must have constant reference to practical ends. But this should be preceded by an understanding of some of the principles and an acquaintance with some of the facts underlying practice.

Our methods, while containing much that is admirable, have never grown beyond the stage of infancy. What was done of necessity years ago in the effort to provide better nursing in hospitals is now continued partly as a measure of economy, and partly through indolent adherence to a custom which saves us the trouble of thinking.

To lengthen courses of instruction and increase the number of subjects taught, or to show long and elaborate schedules of lectures, does not necessarily mean that we are thereby greatly advancing in the education of nurses. It is equally important that there shall be a wise division of theory and practice, and such an arrangement of each that practical work shall in all instances be preceded by previous study.

A system whereby the pupil is prepared to some extent for the technical part of her work by previous study and preparation is founded on a rational basis, and it is in this direction that the writer believes great improvement will come about in the teaching of nurses. This method may for us have the stamp of novelty, but it is in accordance with existing methods in other professions.

SOME RESULTS OF PREPARATORY COURSES FOR NURSES¹

IN a paper upon the "Preliminary Education of Nurses" written a few years ago attention was called to the curious fact that although the status of a profession was claimed for nursing, yet our methods of teaching nurses and conducting the work of training schools in this country was strikingly unlike the methods of teaching in other professions. It was shown that the custom was universal of placing pupils entering a training school at once at the practical duties of their work in the hospital ward, leaving instruction in the principles upon which such practice was based to come at any convenient period at a later stage in their career.

An attempt was made to show that in other professions instruction in fundamental general principles always, in all instances, preceded any practical experience; that in medicine, law, theology, or in the applied sciences it was recognized that work was governed by certain principles, and in these principles it was necessary that each student should be carefully instructed; that he should, in fact, master them before he could with benefit handle actual conditions of work or life—in other words, he must have certain knowledge before he could apply it.

It was stated that these various professions of law;

¹ Published in the *American Journal of Nursing*, June, 1905.

medicine, or the applied sciences were no one whit more important to the community nor to the individual than nursing, and not more unlike nursing than unlike each other, and that if it had been found necessary to adopt in them certain general methods of teaching, which had been accepted in all of them and were looked upon as essential in order to obtain effective results, then our methods were clearly wrong, and we ought at least to consider carefully whether or not theirs were applicable to our own particular work.

It was further shown that while such views of the subject might be new to us, they were not new elsewhere, but had been a matter not only of consideration, but of actual experiment, in other countries; that in Glasgow, London, and Dublin the methods above outlined had to some extent been introduced into important training schools, where a brief preliminary course of instruction in principles of certain work was made to precede its practice; that these experiments had in all instances produced satisfactory results, and were looked upon as a marked advance upon previous methods.

The introduction of some similar but more extended instruction into the schools of our own country was urged, and it was also urged that the education of nurses generally be brought into some sort of conformity with education for other professions. At the date of the publication of this paper a preparatory course of instruction had just been established in one of our American schools,¹ and sixteen pupils were entering for a six-months' course of instruction in the principles of their work before taking up its practice in the hospital wards. It is interesting to be able now to state that within a bare four years we can point to such preparatory courses of study es-

¹ The Johns Hopkins Hospital School of Nursing, Baltimore, Md.

tablished in one form or another in twenty-four schools as a part of their regular system of training; we find eleven schools either sending their probationers to technical institutes for instruction in many of these preliminary subjects, or giving preference to candidates who have taken a prescribed course in such a technical school; and we have assurances from other training-schools that such a preparatory course is under consideration and likely to become an actual fact within a short period. It is further interesting to note that this reconstruction of methods of teaching has taken place in schools which are not only representative, but are, and have been, distinguished by a liberal and progressive spirit.

It is safe to say that no one measure of improvement or reform in the education of nurses has aroused a more general interest in the training-schools of this country than the establishment of such preparatory instruction for nurses, and it is probably safe to add that with one exception no other measure has received more immediate recognition or has been more rapidly adopted into our training schools.

In looking over the reports and statistics which have recently been obtained from the various schools where preparatory instruction has some place in the plan of work, one's first thought is that even within this comparatively limited field the methods as outlined show a good deal of diversity. This appears in a marked way in the period of time set apart to be devoted to this course of study. In several schools, six in all, a full six months is required for this preparation. In a good many others four months suffices, while three months is a very popular period and that which has so far been chosen by the majority of schools. Some others have

presumably resorted to the "thin edge of the wedge" and are accomplishing in this direction as much as possible in a few weeks. In all but one or two instances this term, of whatever length it may be, is included in the three years. In a very great number of instances lengthening of the preparatory course has been one of the ways suggested for its improvement and development, and a full year is considered by some not too long a period in which to give this preparation satisfactorily.

Recognition of the need of this instruction has been met in an interesting way. After a definite course of work and study preparatory to the training of nurses in hospital wards was first established in one of our representative schools of nursing, the opening up of similar courses of study in other schools soon followed, and with them came a good deal of discussion as to where this preparatory teaching could best be carried on. It was evidently a much needed improvement in methods, but it seemed to make demands upon the resources of most hospitals rather beyond their power to meet. The idea that a good deal of the desired instruction might be found in the regular courses offered at certain technical schools was advanced, resulting in the announcement at about the same time, September, 1903, of such preparatory courses of instruction in two of our great technical schools, the Drexel Institute, at Philadelphia, and the Pratt, at Brooklyn. Soon after a similar course was offered at the Toronto Technical School, and a little later at Simmons College, Boston. In Topeka, Kan., a brief course of somewhat the same nature is given at the Kansas State Agricultural College, to which we are told the nurses of Christ's Hospital Training-School are sent,

their expenses paid by the hospital. The work has been established in each of these technical schools on a different basis, which may be briefly outlined here. At the Drexel Institute the course of instruction covers a school year, during which time the pupil lives at her own expense, paying tuition of sixty dollars per year. At the close of that period she receives the certificate of the institute, and in applying for admission to the training-schools of Philadelphia is given preference above other candidates, and in some training-schools one-half year's credit in the full course. At the Pratt Institute, in Brooklyn, the conditions are somewhat similar, the length of course about the same, the subjects, methods, and expenses differing slightly. The course at the Toronto Technical School is of six-months' duration, the student paying for tuition, board, and lodging. It, or its equivalent in instruction, is apparently made a requirement for admission to the Toronto General Training-School for Nurses. The preliminary course at Simmons College is offered to the students of two training-schools—those of the Massachusetts General Hospital and of the Children's. It consists of one term of four-months' duration, and during this period the students live in the hospital training schools and are provided with board, lodging, and transportation to the college. They pay a tuition fee to the hospital. This covers preliminary instruction in technical schools in so far as I have been able to get information.

Tuition fees are required in seven schools out of twenty-four recorded, and the fee may be twenty-five, thirty, fifty, or one hundred dollars for the course of study of apparently the same length and scope. *Uniforms* are in some instances supplied by the hospital; in others the pupil supplies them herself in accordance with certain

regulations; in other schools she wears no distinctive uniform. *Text-books* are in some schools provided, and in others they are not.

Uniformity has been attained to a marked degree in the following essential points—viz., the *hours* of practical and theoretical work and the *subjects* selected for preparatory teaching. No matter whether the field for practical work has been the ward or the nurses' home, the hours for such duty have been almost unvaryingly set at six hours daily, while the theoretical instruction has averaged two to three hours. The subjects selected are virtually the same in all schools. *Practically* the students are taught the care of the household, the preparation of foods, the handling of drugs, the construction and uses of ordinary hospital apparatus and nursing appliances. *Theoretically* they have instruction in such principles as underlie the practical application of the above subjects, and in anatomy, physiology, hygiene and nursing.

It will be seen at once that an important and far-reaching step towards uniformity has been made when subjects which have hitherto been so distributed that they have been found upon the curricula of some schools in the first year, upon others in the second, and upon still others in the third, are now brought finally into the first year, and into the first part of that year. It is remembered that a few years ago even so fundamental a subject as anatomy and physiology, the place of which in the early part of the course of study would seem to be undisputed, was found taught in several schools in the third year. The properties and uses or effects of drugs—also one of the fundamental subjects required before the nurse begins giving out medicines,—came almost anywhere in the course of study. The teaching

of the preparation and values of foods also came along in a haphazard sort of way in many of our schools (frequently within a few months of the time before the pupil graduated). I can remember seeing somewhere lecture schedules in which the junior year led off with instruction in the nursing of diseases of eye and ear, and I have heard of another in which obstetrics was one of the earliest subjects taught. When it is clearly acknowledged by thirty or more among our best schools that there are certain subjects which have an undisputed place in the scheme of instruction, in which it is absolutely necessary for the pupil to be prepared before she can either understand the subsequent process of her work or perform them with benefit to herself or her patient, we have made a good stride towards obtaining that degree of uniformity which is so greatly desired for our schools. I am not a worshipper at the shrine of uniformity, nor a believer in any system which is directed solely towards averaging up the capacities and powers of human beings, but in our education of nurses we have gone so far in the other direction, have had and still have so many and such wide diversities of opinion and method, that it has been difficult to say what our common standards really are.

Where uniformity should perhaps be found is in the selection of subjects, allotment of time to each, method of teaching, and in suitable tests of the student's knowledge.

Now, so far as preparatory work is concerned, it is evident that there is much harmony of view as to the subjects which must be pursued. Such variations as are found take the form of a course in chemistry in some schools, of biology in another, or perhaps of physical culture elsewhere. These, however, do not apparently

in any school exclude or affect other subjects of fundamental importance, except by the indirect way of taking time and energy for the handling of one subject which might with greater profit at the particular stage be devoted to others. Where the most striking diversity is found is in the allotment of time which is given to the same subject by different schools. Why, for instance, anatomy and physiology should take up four hours a week for one year in one school, five hours a week for four months in another, seven hours a week for ten weeks in another, two hours a week for ten weeks elsewhere, and finally be completed as a subject in a series of ten classes is beyond ordinary comprehension. There must be some right number of hours each week, covering a certain definite period of time in which such a knowledge of anatomy and physiology as is needed in a nurse's education can be obtained. It may be that a course of one hundred and twenty-eight classes is too long and that of ten classes too short, but it ought not to be beyond the limits of our wisdom to reach some conclusion in regard to this subject which could be accepted by all good schools as suitable and sufficient.

What has been said of the teaching of anatomy and physiology is true of most other topics so far as the question of time allotment is concerned. This has its bearing upon our subject in that a course is not truly preparatory unless it takes the pupil in one stage, and definitely and by certain processes prepares her for that which is to follow. There can be no just way of determining what the total length of the full preparatory course should be until we can have some clear ideas as to the proper length of time to devote to each of the particular studies which must be included in such a course.

The foregoing sums up in a general way the conditions under which the preliminary education of nurses has been established in or in connection with the training-schools of this country. It is seen that in one form or another it has been adopted in a good many schools. It is under consideration by many others. In New York State it is recommended by the Board of Regents in defining standards as a most desirable development in nurses' education. At this moment movements are on foot in the South to establish such a course in a State Normal and Industrial College, and in the West, in the University of California. In nearly all quarters the plan is looked upon with favor.

Having presented the main facts connected with this work so far as its growth, conditions, and methods are concerned, the question of its effects upon the schools and hospitals naturally follows. It probably has not taken any one of these who have introduced this method into their schools long to realize that they are grappling with rather a large problem, that the machinery and means of the average hospital do not readily adjust themselves to radical changes of method. It is the unanimous opinion that there is an increase of expense, and in all instances a very considerable increase in work and responsibility. The expense is, first, that of maintaining a group of students for three, four, or six months in addition to the number required to carry on the actual work of the hospital. The larger the school the greater the expense. If the preparatory term is of six-months' duration, and the course is three years, precisely one-sixth of the entire school is always under training and instruction in the preparatory department, and the total number of students must be increased accordingly.

The next expense is that of instruction and supervision. There students form a class by themselves and are under the routine supervision and teaching of one or more persons, according to the number of students and the plan of work carried out in the course. Since the instruction is in most instances in subjects which were already included in the general course, though given at a much later period and perhaps in a different way, it probably does not add appreciably to the expense. The actual expense depends greatly upon how and where this instruction is carried on. If, as in England, a separate building is provided and maintained only for the purpose of receiving and instructing probationers, there is a definite cost which it is easy to estimate. Tredegar House, the Preliminary Department of the London Hospital Training-School, where twenty-seven probationers are always being prepared for the hospital, costs just one thousand pounds a year to keep up.¹ If such instruction is given in technical schools, while the pupils board and lodge in the hospital, there is the cost of maintenance for the hospital, while that of instruction is met by the technical school. If the practical part of the preparatory instruction is carried on in departments other than the wards, in which the students can perform under instruction some portion of the work which must be done daily, the expense may be to a considerable extent lessened. If the teaching of cookery and dietetics can be done either in the kitchens of nurses' homes or of private wards, if the making and sterilizing of surgical dressings and handling of surgical supplies can be taught in the surgical-supply room or in any department where such work is concentrated,

¹ As there are usually some paying probationers in great London hospitals, their fees would partially meet this expense.

if the care, cost, and distribution of linen and clothing and domestic supplies can be taught in the linen-rooms, a certain number of salaried workers can undoubtedly be released in these departments, but it must be borne in mind that in all places, under all circumstances where teaching is properly done, there must be a larger number of students than would be necessary simply to do the actual work. The students' hours of practical duty are also much shorter than those of a salaried worker in such departments. On the other hand, it is claimed that students working under expert supervision in such departments are much more economical in the use of materials, and that a considerable saving is effected thereby.

All things considered, there seems to be little reason to doubt that the establishment of preparatory courses of instruction within the hospital, but outside of the wards, does mean a definite increase in expense varying with the work of different institutions and the manner in which the instruction is carried on. The idea that it shall cost anybody anything to give nurses a proper education has been for so many years unthinkable that we cannot wonder if it stands for some time in the way of better development for training school work. It is not so many years since in most hospitals the entire teaching of all classes as well as the really great executive work of such institutions was placed upon the shoulders of one woman. The idea that a regular, definite system of instruction had any place in a training school for nurses has taken form and substance quite within the memory of the youngest member present. As for paying for lectures when they can be had for nothing—perish the thought! So I think we need not shiver on the brink unduly, but make the plunge and say, "Yes, the

education of nurses if properly done *does* cost, and it should." All good education anywhere costs, and it is a bad day for our training schools, for our nurses, for physicians, and for sick people everywhere, when the first question is always, "How little can we do it for?" rather than, "How well can we do it?"

In a medical school which comes under my observation, where the students number less than three hundred, their instruction is carried on by a staff of over eighty professors, associate professors, clinical professors, assistants, and instructors, and the services which have been rendered in instruction by about fifteen other men are duly acknowledged. Yet in a training school for nurses of about one hundred and thirty students the actual instruction may be in the hands of a bare half dozen people, all of whom are occupied many hours daily in executive duties. Comparisons are odious, I admit it. They are made in this instance not with the view of claiming great similarity of needs, but to point my moral, which is, that a good education always costs. The question is, who shall pay, the hospital or the student? There seems to be a tendency to settle this in a measure, so far as preparatory instruction goes, by calling upon the student for a tuition fee, which, while at present in no instance large, probably well covers the actual cost of additional instruction. Where the practical teaching of these probationers is partly carried on in the hospital wards, there cannot be any question of appreciable expense, for the preparatory course then becomes not unlike an extended period of probation,—somewhat modified in respect to hours and the character of duties assigned,—but not requiring any considerable increase in actual numbers.

The additional work and responsibility are worthy

of careful thought. Practically, a new department is created requiring the selection of suitable fields for practical work, a well-arranged system of classes, lectures, and demonstrations, a wise adjustment in its relation to other departments, and the most constant and rigid supervision. It means additional work and care in many other ways, from correspondence and the keeping of records to the training and selection of supervisors and teachers. The responsibility of watching, developing, and placing upon a secure and stable basis such a new department, under the difficulties, doubts, and criticisms which new measures may confidently expect and generally get, is large and should not be underestimated, but in my opinion it is not greater than that which a conscientious woman must feel when twice a year she is called upon to replace outgoing senior nurses in busy hospital wards with a class of raw, untaught probationers, with a certain knowledge that they will be pushed into acts for and over the sick they do not understand and are not able to perform in a satisfactory way. To my thinking, the responsibility is not so much increased as altered. It is more in one place but far less in another.

Admitting, then, the increased expense and much additional work and care, what are the results in other directions? What are the advantages and the benefits to the student and to the hospital? If one can imagine a medical student being permitted to enter the wards of a hospital and begin his work over the patients without any previous preparation, and can further imagine the profit he and the patient would derive from such exercise, it should be equally easy for us to realize the advantage which suitable preliminary instruction gives to a student nurse. In teaching her first *the principles*

upon which all nursing work is based, it provides the only good and safe foundation upon which to build her further training. It thus enables her to profit from the very beginning by her practical work and opportunities in the wards. It makes her an intelligent instead of a confused and bewildered performer of acts; it prepares her gradually, mentally, physically, and morally, for a right appreciation of the gravity and responsibility of her work. If she is of these who adapt themselves slowly to new conditions, it gives her a chance to develop.

It seems clear that the prolonged period of preparation proves valuable in giving a further insight into the character and ability of our students. The qualities on which judgment has sometimes been based have not always been those which stand well the test of time, nor can one always trust to the sound judgment and unbiassed vision of young assistants or head nurses, whose reports must be considered in reaching a decision. Probably every superintendent here will admit that many a superficially clever, responsive young person has passed a reasonably satisfactory period of probation. Her quickness, activity, and ready adaptability to conditions about her, being qualities desired and needed in hospital wards, have been noted and commended, and other less desirable qualities have been overlooked, to appear at a later stage, when the termination of her connection with the school has become from every point of view a more difficult matter. It is almost out of the question for such a student to go through the six months of preparation under the same instructors daily and be passed on into the wards. On the other hand, who has not sent away in doubt an extremely good woman, simply because she developed too slowly

to satisfy the minds of her various head nurses, impatient at what seemed dulness and lack of progress?

When we come to summing up the advantages to the hospital of the new method over the old, there is a keen appreciation of its benefits expressed from every quarter where it has been given a fair trial.

It is affirmed that the work over the patients is done from the beginning with some skill and intelligence, and that every act in the work of the ward is done with a due appreciation of its importance or possible consequences, that the pupils are observant, attentive, interested. It is considered that the whole character of their work is different and better—so much better than that of the average student at the same period of instruction under the old system, that in one school it was suggested that the next effort should be to bring the character of the work and teaching of the wards up to the thorough and careful standards of that done in the preparatory department.

If, from the standpoint of those who have been making the experiment and are responsible for its results, the outcome of establishing preliminary instruction in training schools is benefit to the pupil and benefit to the patient, and if this is so great as to fully justify any reasonable increase of expenses, there is no apparent reason why this step should not be urged upon all schools without delay. Pleased, however, as one may be with this interesting record, I cannot feel that we have yet passed the stage of experiment, and even though we may have fully and unreservedly accepted the idea, I hardly think we can be satisfied with its present development or outlook. Those who have approved of it, but felt that its introduction into the hospital training school as a part of the course was too great a tax upon the

capacity and resources of the institution, have urged its establishment in technical schools. In the regular courses of instruction offered in good technical schools there is much that covers the identical ground which has been marked out for preparatory instruction, and one must admit that it saves the hospital training school much trouble and some expense if this important matter can be satisfactorily handled by them.

The results of this method can only be obtained through the hospital training schools into which the students pass on completion of the preparatory course in the technical. As no training school has so far made this an absolute requirement, one may find in the same training school pupils who have been so prepared and those who entered in the ordinary way. It should be easy to institute a comparison between a nurse at the end of a year of the usual hospital training, and the nurse who has had six months in the technical schools and six months in the hospital following. It is hardly possible to make a just estimate of the comparative merits of the two systems at a much earlier stage; and the observations should extend over a considerable period and area in order to make allowances for individual differences.

The disadvantages so far recognized in this course in a technical school are that there is little opportunity to judge of the fitness of the candidate for the special requirements of the work of nursing. The personality and certain other characteristics which count so greatly for or against a candidate and come out in the daily life of a student nurse in residence under constant supervision cannot readily be discovered in the class-room, especially when the instructors unfamiliar with the needs of hospital and nursing work, are not accustomed to

looking for these qualities. This necessity of having young pupils under personal care and observation during the preparatory period is evidently very keenly felt. It is referred to by almost everyone who has given either study or experiment to this subject, and the statement is repeatedly made that it is a disadvantage to a pupil not to have her where she is under the influences which will shape her directly for her further work. Everything which she is taught in a preparatory school has a bearing upon the next stage of her career, and she is better carried forward if those who are teaching her are familiar with the practical application of most, at least, of those principles in which she is being grounded. I think I am right in saying as the result of close observation of the tendencies in this important work that, while the hospital training school lacks means and facilities for giving some of this instruction satisfactorily, the technical school is equally lacking in ability to handle in any way a very important part of it, and I am not sure that it would not be easier for the hospital to provide suitable instruction in the subjects taken over by the technical school than for the latter to bring itself into direct line with subsequent training school work.

Economy is one of the shining virtues. I recognize to the fullest degree its importance to the individual, to the institution, to the nation. It is the text of my most frequent sermons and the subject of unceasing anxiety, but in hospitals I would not have it begin and end with the education of nurses. The lavish expenditure which we daily see in many of our great and some of our lesser hospitals for costly and elaborate buildings, for finishings, furnishings, and equipment of the most expensive kind possible to obtain, and often quite unnecessary, is not a salutary lesson nor calculated to

bring forth the best efforts of those who in these same institutions are often struggling to obtain the services of a sorely needed additional teacher or assistant, a few books for the training school library, or certain appliances for teaching which would be recognized as essential features of any sound system of instruction anywhere else.

Those hospitals in the stage of transition from the early system of paying an allowance to each student of ten or twelve dollars per month, to what is called the non-payment system, will have no difficulty from the standpoint of expense in giving good preliminary instruction if the money released in this way can be applied for the benefit of the student in other ways. It seems altogether inconceivable that there should be any real difficulty in appropriating for suitable instruction for students what has been willingly paid them for personal uses. It should be very clearly recognized that the abolishment of the non-payment system in any school turns back into the hospital treasury a sum of money which has hitherto been appropriated for small stipends for students of the training school. Every penny of it and more is needed for those training schools. In large schools, say of one hundred or more students, a very large sum of money indeed, from twelve thousand dollars a year up—would be released for other purposes. It may be said, "But we receive in place of this allowance another assistant, scholarships, uniforms." Those who have good reason to know from experience about this will tell you that all of these may be supplied and still leave a good half of the appropriation untouched. Can it be better utilized than in improved methods of instruction? Just let us face here the question which has been asked before and may be asked again, as to whether or

not such a course can be introduced generally into training schools. I do not think it can. But that is no reason why it should not be adopted by those schools which regard it as a good measure, are willing to do the work, and able, even with effort, to meet the expense.

To take any other view of this and similar improvements, to say that because all schools cannot now adopt this method none of them should, is putting a premium upon mediocrity. Logically carried out, it would place our schools at the level of the lowest, prevent all progress, make useless every ideal. A school should do what it can, the very best that it is able. If preparatory teaching is to become a recognized permanent feature of our system of instruction, the way will surely open by which it may be provided for those smaller schools of much excellence of work and ideals but of limited means and opportunity, or for those groups of affiliated schools which are clearly the next development in nursing. And it will come when it does because of the pioneer work of those schools willing to go through the periods of doubt and difficulty, which are the inevitable accompaniment of "enterprises of great pith and moment."

It is my hope that as many hospital training-schools as can see their way to preparatory courses will adopt them; that others not able or not desiring to do this will co-operate to the fullest degree with such technical schools or other institutions as may be available; that every possible test will be made of the value and efficacy of this method; that groups of affiliating schools will try the experiment of establishing central preparatory schools of their own, ultimately, in every State. By that date we shall have ceased to call them preparatory schools and shall call them what they will be, schools of nursing, where the fundamental sciences are taught practically

and theoretically, where the theory and principles of nursing are taught, but where practical training and experience in nursing in all its branches may be supplied to the pupils through those hospitals, one or many, which are now struggling with such inadequate means to carry on the educational work of training schools. Preparatory instruction points the way and has thus performed its mission. We should realize this, however; if the preparatory work that has been done stopped in every school at this moment, it still would have been well worth all the effort that has been made in the effect it has had upon the education of nurses, and particularly upon the standards and requirements for admission to training schools. In the constructive stage of our work we can well take heed of the means by which improvements have been effected in other branches of education, remembering that the objects of educational reform are from beginning to end quite the same everywhere, to prepare the individual not only for better service, but for a better life.

NURSING AND ITS OPPORTUNITIES¹

NOT long ago a young trained nurse who is also a college woman, was invited to return to her college to tell the graduating class of students something about the profession of nursing. "I love my work," she said, "I have enjoyed every hour of it from the day I entered the training school through all the years that have followed, and I did not find the three years in training too hard nor too long. I needed every part of it. How could I have done this work² without it?"

This nurse, although rather young in her profession, has already won some distinction in it, and has recently been called to a post of considerable importance in one of our largest cities. Her view of her work, her feeling toward it, is a very common one among nurses. Florence Nightingale long ago noted this and said that nurses were the very happiest women she knew—the "most thankful for their lives" as she quaintly phrased it—meaning of course devoted to their work and grateful for their opportunities. The few who have not this enthusiasm in some degree are usually found among

¹ This article appeared first in *The One-Day Journal*, Baltimore, Md., in November, 1911, a special issue published in aid of a charitable foundation.

² That of a visiting nurse.

those who were obviously intended for other fields of usefulness.

But nurses not only love their work, they believe in it profoundly, think it holds a large and extremely important place in the general scheme of things, that it helps the world along vastly. They have great pride in its traditions, in its history of devotion, self-sacrifice and heroism, and many of them—the majority in fact—are steadily at work strengthening those traditions, and upholding high ideals in work and life, and contributing in every way in their power to the improvement and development of their profession.

There are at present somewhat over thirteen hundred training schools for nurses in this country, with a student body of about 30,000 nurses throughout the hospitals with which these schools are connected. The entire work of actual nursing in these hospitals is usually in the hands of students; in many of them the responsible official posts as heads of wards and other departments, are also filled by students. Rather a considerable contribution to public welfare this appears to be, when we open our eyes and look squarely at it. There are of course exceptions, such for instance as the hospital connected with the Rockefeller Institute in New York City where no training school exists, and the nursing is done by a staff of expert salaried workers. These are, however, few in number.

Steady improvements have been going on in training schools for nurses in recent years; the oppressive hours of work of the older days are passing (though far too slowly) and the housing of the students and general living conditions are growing steadily better. The spacious and comfortable new dormitories built by the municipality of New York for the students of the

Bellevue and Metropolitan Training Schools, show what city authorities can do in this way.

The courses of instruction are also slowly, yet quite perceptibly yielding to the insistent demand of nurses themselves (and of many of those associated with them in public and social effort) for a sounder and more thorough educational and scientific basis on which to build their professional training. The education of nurses has always been top-heavy, and the magnificent experiences and opportunities of the hospital have never yet been erected upon a system providing adequate foundation. There are a few people—physicians and others—beginning to see this, with the result that two or three training schools have recently been established as regular departments of universities, while in several schools the main portion of the academic work is under college control. This is all good and in the right direction, and some of these days people will begin to realize that there should be endowments and state aid for training schools for nurses, as well as for medical, technical, agricultural, and other schools, whose product is no more essential to the well-being of the community than is the product of the school for nurses. Then the hospital will not be allowed to struggle alone with an educational problem of which it should only carry its due share.

Some of the improvements in training school work have been effected largely as a result of those laws for the registration of nurses which have now been secured in thirty-one states. A signal evidence of such improvement is shown in the appointments in several important schools during the last two years, of trained instructors, on full time, who do much of the teaching previously done by the superintendent of nurses or her assistants,

officers of the hospital always heavily burdened with executive duties. The requests for such trained teachers for schools of nursing are already beyond our power to meet.

For many years, private nursing occupied a very large proportion of all graduate nurses, and it is still and will probably long remain the work of the majority. We shall always need a large army of skillful, intelligent, and trustworthy nurses for this branch of work. But this will diminish somewhat because of the increasing tendency in illness to resort to hospitals or sanitariums, and also because so many new avenues of work for nurses are opening up. The field in which the most rapid growth is taking place is that which deals with public health. We have grown familiar with the beneficent activities of the district nurse, and of the tuberculosis nurse, and we have known something of what is being done by the school nurse, and the hospital social service nurse, but few probably have been able to follow their work closely enough to realize with what astonishing rapidity developments in these branches of work are taking place.

The most striking advance has been made in school nursing. In New York a few weeks ago the Board of Estimate made provision for an addition of one hundred and fifty nurses in the Department of Child Hygiene of the Board of Health. In doing so they paid high tribute to the value of work already done by the large group of nurses who form the existing staff. The health of the adult population of our country is seen to depend greatly upon the physical condition of our millions of school children, and the school nurse has found a practical way of bringing together, and binding together the school and the home in a common effort to protect the health of the child.

The work is naturally extremely interesting. Though it is so new a development there already are between four and five hundred nurses who have begun work in schools in about one hundred and fifteen cities, and in four states laws providing for medical inspection authorize the employment of school nurses. An interesting experiment in the provision of rural school nurses, without medical inspection, is being tried in Massachusetts, in certain small places where there is difficulty in securing the services of physicians.

Eventually, perhaps, the sanitary supervision of schools may come under health authorities, and expert control be required there as it is in hospitals. The recent investigations by the Russell Sage Foundation into the hygiene of schools show that municipal housekeepers may be satisfied with floors washed once a year. Eighty-two schools were found in this group, while out of a thousand schools, one-third considered that once in three or five months was often enough for this measure of cleanliness.

The system of Medical Inspection may be under the board of health or the board of education; the latter control prevailing in about three-fourths of the schools in which it is established, but the methods of the nurse in her work are about the same in either instance. In New York, appointments in the Health Department come under civil service regulations, and hours and salaries conform to established standards. In this connection it is interesting to note that while doctors in seventy-five cities are giving their services in school work, in twenty-one cities nurses are doing the same. Medical and sanitary authorities have little hesitation in saying that the school nurse, as a part of, or independent of medical inspection, will ultimately be

found throughout the entire educational system, because as Dr. Newmayer¹ says, "she has opened a path to the development of an ideal system of betterment of public health in our cities."

Special preparation beyond that which the hospital gives is required for this work, and a physician writing recently on this point insists that "women are needed and demanded in increasing numbers, who possess not only knowledge of the human body, but who are also trained in making social investigations—and in an understanding of the conditions of home life of our poorest classes."

In another avenue of work, that relating to infant welfare, there is growing interest and activity. Health authorities and private charities are engaged in our large cities trying to provide through milk stations and other agencies, pure milk for babies, and proper instruction for their mothers. The Board of Health in New York City believes that about 1,200 babies were saved during the summer just passed, through the persistent efforts of physicians and nurses in these milk stations, and the nurses' work in following mothers to their homes, and teaching them there the proper care and feeding of their babies. Almost the entire staff of school nurses is detailed to milk stations in the summer, after schools are closed, and perhaps no better recognition of their fine work could be found than in the action of the city authorities just mentioned in adding so large a number of nurses as to double the existing force. The municipal or civic nurse for the protection of health and welfare in home and family is not on the horizon—she is here in our midst.

¹ Director, Medical Inspection of Schools, Department of Health, Philadelphia.

Within the limits of this article, there is not room for any discussion of hospital social service which is quietly and steadily taking shape, perfecting its organization and methods, and becoming an essential feature of our hospital system, nor for other rather new and interesting kinds of work, such as welfare work in factories and department stores. In and around New York last winter there were thirty-five nurses working among employees (chiefly young girls) in industrial concerns, exercising some guardianship over their health, and habits. The president of a manufacturing company recently wrote—"I am looking for a trained nurse for one of my mill villages. Her work will be largely educational. She would be expected to teach the people hygiene and sanitary practices, to organize a health club among the women, and similar classes among the young girls." This is one of many such requests,—requests that cannot all be met because there are not enough specially trained women to go round.

A speaker at a recent nursing congress in England, congratulated nurses on the fact that while specialization was the order of the day in most other fields of work, in nursing the horizon had been set back, and that while many workers had to fight against narrowness of character and impoverishment of soul through the restricting scope of their employment, nurses could rejoice that every quality they possessed would be brought into play, and their sphere of usefulness be just as extended as they wished or were able to make it.

I certainly know of no work which educated women can undertake with greater certainty of happy occupation, and a fairer opportunity for a useful career.

THE TRAINING OF VISITING NURSES¹

THE special branch of nursing known as visiting nursing, has presumably been chosen for discussion because its relation to public health is obvious and important; but its choice should not convey the idea that other branches of nursing are not also greatly concerned with public health. Three large general divisions have been established in nursing, and three corresponding groups of workers: Nursing in hospitals and kindred institutions; private nursing in families; and visiting nursing among the sick poor in their homes, lately extended into schools, shops, and factories.

By far the most important branch of nursing is that carried on in the several thousand hospitals, which have grown up with almost spectacular rapidity and variety during the last two decades. Many of them are at once centers for relief of sickness and suffering, and also for the maintenance of important systems of education, and for scientific study, research, and experiment. Over 1,000 hospitals in this country are ranked as training hospitals, in which the main staff of workers is composed of students of nursing, and the transformation in the

¹ Read at a meeting of the Fifteenth International Congress on Hygiene and Demography held in Washington in October, 1912, and reprinted from the *Transactions*.

hygienic conditions of hospitals wrought during the last half century by this modern system of nursing, is one of the most striking contributions to hospital development which history has to record. The extreme cleanliness, and hygienic care and control observed by the nursing force in the modern hospital are essential factors in the cure of the sick and their speedy restoration to society; while much of the research and experiment, upon which advances in medicine and surgery depend, can not be undertaken without the cooperation of a carefully educated nursing staff. It is hardly too much to say that the modern system of nursing brought hygiene into hospitals and keeps it there, thus lifting enormously the importance of hospitals in relation to public health. It is roughly estimated that in the hospitals of the country, if we include the staff of officers and other salaried graduate nurses, there are today about 50,000 nurses.

The relation of the nurse engaged in private practice to public health is worthy of a moment's attention. Going from household to household, familiar, in the most intimate way, with the family life, its traditions, and its habits, the opportunity to advise and suggest improvements in household hygiene and sanitation comes to her continually. The opportunity, indeed, is so great as to prove at times an embarrassment, but when the nurse, in addition to her actual nursing work, is able to persuade the well-to-do family that flies and mosquitoes do really mean mischief; that window screens are a good investment; that the habits of even pet dogs and cats do not render them suitable objects to be kissed and fondled by babies; that the pretty, little, wayside brook ought usually to be resisted, no matter how thirsty one may be, she becomes a useful agency for the protection

of health, her efficiency and influence depending only upon the extent and thoroughness of her knowledge. Two things have proved continual matters of astonishment to nurses in their work among private families. The first is the rudimentary or erroneous ideas of ordinary house and personal hygiene frequently found among well-to-do people; and, second, the degree of confidence reposed in the nurse as one who should be able to answer, intelligently and helpfully, questions on these matters, and to support her views by authoritative and convincing evidence. There are probably none present who will not say that the opportunity thus given the nurse to forward public health is a valuable one, and that the nurse should be able to use it fully and wisely.

The relation to public health of that branch of nursing known as visiting nursing in America (district nursing in England) is close and definite, and so clearly recognized that when a large body of visiting nurses came together recently to form an association, they could find no appropriate title to define their work but the one they finally chose, the National Organization for Public Health Nursing. From the very beginning of their visiting among the sick poor, nurses have been using some of the methods of modern health crusades. They have held it as a cardinal principle of their work that in all instances where it is practicable, the care and relief of sickness must be accompanied by teaching and by demonstration of a hygienic nature. In the plans of work and instructions to workers, dating back nearly half a century, it will be found laid down among the regular duties of the nurse to teach the patient and the family the necessity of cleanliness, fresh air, and proper feeding, especially for the children. Nurses were urged to be "diligent in pressing necessary instructions as to

the sanitation of their homes in the families of the poor."

Beginning 50 years ago in England, with one nurse supported by one philanthropic man in one small city, district visiting nursing has now become in that country an important national asset, and has about 1,000 associations and several thousand nurses affiliated and working under the direction of a central body; with a highly organized system of supervision and inspection. In America the work began some years later, and for a time moved slowly. Ten years ago there were something like 50 centers from which visiting nursing was carried on, but such rapid development has since taken place that in 1909 there were over 500 such centers from which nurses were working, and this year there are reported up to date over 1,000, with the number of workers more than doubled. The growth in numbers, however, is not more significant than the expansion of work into avenues surprising even to nurses themselves and the enlargement of responsibilities accompanying the expansion.

The public-health movement, addressing itself successively to the three graver and more urgent problems of the day, namely, tuberculosis, the health of school children, and the mortality of infants, called promptly upon nurses for cooperation. For, in accepting education as its guiding principle, its supreme task became that of getting the needed knowledge, in practical usable form, into the homes and daily habits of the people. It found in visiting nurses an agency already in the field, ideally adapted for the work by training and by special interest; known, accepted, and generally beloved in the homes of the poor. In the campaign for the prevention and control of tuberculosis the visiting nurse shortly

appeared as an essential factor in any adequate scheme for handling this problem. The tuberculosis patient in his home must be under expert sanitary control and supervision; he must be nursed; he must be taught, and his family must be taught and in a sense nursed (since the beginnings of symptoms among the healthy members must always be watched for), the neighborhood must be protected, and careful records must be kept. Quite recently Sir William Osler wrote on this subject:

“The work that district nurses may do in connection with tuberculosis is of the greatest value. I have had experience of it now for many years. Visiting the tuberculosis patients at stated times every week, watching over them, seeing that they carry out the regimen systematically and regularly, it is wonderful what good results may be obtained by guidance, by control, and by the proper education of the patient.”

Quite recently also a well-known authority referred to the visiting nurse in tuberculosis as the “crux of the whole situation.”

With the growth of medical inspection of schools the school nurse has become a necessity, and no efficient work in this field can be done without her. She visits the schools, assists the physician, inspects the children, attends to minor ailments, and visits the home of the children to carry the physician's instructions and to help the parents to secure proper treatment. She watches over the children, keeps careful records of health conditions, in some schools gives general talks and demonstrations in elementary hygiene to the children, in others has supervision over some features of school sanitation; an all-useful person, reminding one of our Mr. Dooley's latter-day doctor, who explained that the diminishing use of drugs was making his duties “those

of a janitor with some knowledge of cooking." The main results of bringing the nurse into the scheme of medical inspection are that epidemics are in some measure prevented, school attendance increased, a higher standard of cleanliness and health among the children is obtained, physical defects are discovered, expert supervision is established, records are secured.

Turning to the movement for the prevention of infant mortality, we find prevailing the same tendency to lean heavily upon nurses as indispensable agencies in teaching mothers how to feed and care for their babies, and in the practical handling of work in milk stations and similar agencies. In England, district nurses are employed in ways as yet unthought of in America. Under the notification of births act of 1907, a number of them have been appointed as health visitors, whose duty it is, when notified of a birth, to visit the home, examine the child, note its condition, especially any physical defects, and instruct the mother how to feed and care for her baby. In London, where the notification of ophthalmia neonatorum is compulsory, visiting nurses are again employed to visit such cases and to see that treatment is carried out.

In these three large fields of public-health work, then, nurses have proved an essential and indispensable factor, and it seems certain that as other aspects of the general health movement become ripe for development they, too, in turn will require such services as the nurse, and perhaps the nurse only, is at present qualified to render. Visiting nurses, called "welfare nurses," are employed in shops and factories to watch over the health of their employees, to visit them in illness and to teach them the elements of personal hygiene. This branch of work is steadily enlarging.

Sanitary inspection in its various forms is beginning also to attract nurses, and as inspection without instruction is about as futile as medical inspection of schools used to be without the cooperation of the visiting nurse, it is to be hoped that nurses will enter vigorously and largely into work which bears so close a relation to public health. A well-known inspector of tenements in New York writes:

“The nurse has exceptional opportunities for educational work. I have been interested again and again to have families tell me that hygienic precautions taken by them, such as admitting sunlight and fresh air, banishing dust-holding heavy hangings and old carpets, using disinfectants and antiseptic cleansing, proper methods of sweeping and dusting, care of plumbing, exclusion of disease-carrying flies, outdoor care of tuberculosis patients, or the like, were taught them by nurses. Perhaps the nurses themselves would be surprised to know how many of their teachings are remembered by the families long after. And, again, the onlooker can not but see with amazement the amount accomplished by the visiting nurse in her complex and difficult task. Her intelligent, far-reaching work brings results, not only to the whole family of the patient, but to the whole community, which others working in the same neighborhood can not fail to see.

In several directions there are beginnings of work which seem to hold out promise of much usefulness, not the least of which is the employment of visiting nurses by certain large insurance companies to visit and care for their policy holders in illness. It must gratify Professor Irving Fisher of Yale University to see his suggestion that the true function of insurance agencies is the protection of health, beginning to take effect in so practical a way.

Dr. Newmayer, head of the division of child hygiene, department of health, Philadelphia, projects upon the canvas the figure of the future health nurse:

"The municipal nurse is destined to be the guardian of public health in the same sense that the police are the guardians of public safety. The time is near when we must have a nurse for every section of the city, and she will be responsible for the health of the citizens of the district she patrols."

Now that science is becoming the controlling factor in everyday human affairs it seems to be imperative that newly discovered truths of a vital nature should as speedily as practicable be brought home for the uses of all classes of people. As Mrs. Richards said: "Our laboratory wisdom must reach the street." The visiting nurse must become a sort of middleman of science.

Now, if the problems of sickness in the homes of the poor and health in city districts could be met by skilled nursing and the teaching of sound sanitary doctrines, the visiting nurse would unquestionably be the main agency in controlling the situation. But with overwhelming evidence on every hand to show how constantly and almost inevitably sickness is bound up with other conditions, such as poverty, occupation, incompetence, heredity, and a host of other contributory factors, and how essential it is that these also be recognized, studied, and treated, it is becoming more and more clear that medical and nursing skill can not alone reach far enough to adequately handle the whole problem of which sickness is only a part. When doctor and nurse have done their utmost from a medical and nursing standpoint, there may yet be needed another diagnosis and other adjustments, and on the whole it may not be

much more dangerous to society to have a wrong diagnosis and unskilled treatment of the social aspect of the case, than of the medical and the sanitary.

To illustrate, let us take a single but pretty constant factor in the situation which calls for the nurse's services, namely, extreme poverty and urgent material need of one kind or another, a condition distressing to the nurse, because it handicaps her in her work, and consequently retards progress. Yet every situation demanding material relief calls at the same time for careful investigation and sound judgment and action, and to secure this, bodies of eminent men and women have for nearly a century been giving profound thought and study to this vital question of relief. They have from experience and experiment built up a substantial body of principles and have established certain procedures. Lacking a knowledge of these principles, one is no more qualified to give relief than to prescribe medicine and diet for the sick without medical training. This particular point is stressed because, from the beginning of visiting nursing, the question of relief has proved a perplexing problem, and even in the very earliest days it became necessary to throw restrictions around the giving of indiscriminate relief, lest nurses should "degenerate into almsgivers." The modern trained social worker stands aghast at the easy confidence with which the nurse sometimes takes control of the social machinery affecting her work as a nurse, and there is much criticism and the friction which always arises among workers in the same field when functions and provinces are not clearly defined nor wholly understood.

The matter is largely one to be settled by further education, and this brings us to the important question of the training of the visiting nurse. It is generally

recognized that two or three years in a good hospital training school is in many ways an incomparable foundation for public-health nursing. The nurse first learns to respect work, and to do it thoroughly, conscientiously, and in a systematic and orderly fashion. She grasps the enormous fundamental significance of cleanliness in the maintenance of public health and develops high standards of personal and household hygiene. She has become a close observer of symptoms, understands their meaning, is made familiar with the many aspects of disease, has become technically expert and highly capable in the actual nursing of the sick, and hospital life has both disciplined and fortified her for life's tasks. All must agree that here is an excellent foundation. Now, what further is needed? Those who, either as medical men, teachers, or social workers, have been in closest and most sympathetic relationship with nurses in various forms of public health work, and nurses themselves so occupied, are in pretty substantial agreement as to the main ground to be covered in further preparation beyond that which the hospital training school at present affords. They all agree that a sounder scientific foundation should be given and that better grounding in physiology, bacteriology, and chemistry is required. The latter subject, notwithstanding its intimate relation to nursing procedures, to sanitation, to the entire problem of food, and nutrition, and also to drugs and disinfectants, is not at present in the curricula of hospital training schools. It should be provided. They insist that the public health nurse be instructed in at least the elements of sociology, and, further, that she be acquainted with legislation affecting women and children, the family, the tenement, and household industries, and with sanitary laws relating to milk and

water supply, removal of refuse, street cleaning, etc. Especially important is deemed some instruction on the causes of poverty, the history of poor relief, juvenile courts, and probation work. And it is urged that the visiting nurse should become familiar with the purpose and interpretation of statistics, in order that she may utilize wisely her extraordinarily rich and constant opportunities for obtaining valuable data.

Elementary psychology is recommended as a desirable preparation for those who must constantly study the mental attitude of their patients and families. If this can be made to include something of racial traditions, superstitions, and sentiment, it will be all the more helpful. Languages, particularly Italian and German, are urged as a highly important and in some places a necessary equipment.

In addition to this, it is further insisted that, while the foregoing general ground should be covered by all visiting nurses, those nurses who are engaged in such special work as tuberculosis, school nursing, or infant-welfare work, must make thorough special studies of the particular fields in which they intend to occupy themselves. It is quite impossible for such preparation to be provided in the ordinary hospital training school.

In most general hospitals, for instance, tuberculous patients are not admitted, and throughout the entire course but one lecture on this subject may be given. But the tuberculosis nurse should be an expert in this field of work. In school nursing a wide knowledge of children, of their growth, diet, nutrition, habits, and of their particular ailments is essential, yet many hospitals have no children's department, and the instruction in this important branch of work is limited to a few lectures and to a few fragmentary chance experiences.

Infant feeding, with the hygiene of infancy, has become a science by itself, and neither in theory nor in practice does it form an invariable and definite part of a nurse's training.

For the nurse, then, who is to play that large part in the public health movement which is now being so generally and so confidently assigned her, there is a general demand for better, more thorough, and more liberal training. Part of this can be secured in the training school, during the three years of her work there, and the demand for it will prove helpful in stimulating such schools to further effort. Part of it must be obtained by special graduate training in special places, such as tuberculosis dispensaries and sanatoria, in children's hospitals and clinics, and in the special study of infancy and its problems. Courses in social problems are offered in some universities and in the schools of philanthropy which are arising throughout the country. In a few colleges, courses in city sanitation are now available.

Finally, it becomes necessary to take up the whole question of public health from the standpoint of visiting nursing, as distinct from hospital or ordinary private nursing, and to secure from expert workers in this field the rich results of their experiences embodied in established principles and procedures. Efforts to gather together from the various sources of supply the knowledge and instruction needed for public-health nurses are now being made in Cleveland, Ohio, where the Visiting Nurses' Association has allied itself with Western Reserve University and with the associated charities in a course of instruction; and in Boston, where the Instructive Visiting Nurses' Association unites with the School of Philanthropy and with Simmons College in a year's work. For three years past Teachers College, Columbia

University, in its Department of Nursing and Health, has offered courses to prepare for public-health nursing and for the organization of such courses of training in other institutions.

Unquestionably we have in visiting nurses, wherever they may be, a body of women who are, on the whole, a highly valuable asset to national health and welfare, already distinguished by the excellence of their work and by a high quality of unselfish and devoted service. They should be encouraged to recognize and to make good the deficiencies in education and training which have been here discussed and to realize that good practical work and devotion alone are not a large enough equipment for those who would share worthily in the more difficult and complex labors of mankind.

THE SOCIAL SERVICES OF THE DISTRICT NURSE¹

NO branch of work in the field of nursing is more popular at the present time than that known as District or Visiting Nursing—popular in that general sense of the term which includes the workers themselves, the nurses, the families and districts in which they work, and the public through whose generosity and interest this particular form of educational philanthropy is initiated and maintained. Its status at present is that of an institution, and its growth during the last decade has been somewhat remarkable. Its history as a modern movement lies entirely within the compass of the last half-century, since it was just fifty years ago that William Rathbone, a well-known philanthropist of his day, established one nurse to work among the sick poor in one district in Liverpool. Last year a conference was held in that city by representative District Nurses from all parts of the United Kingdom. From the Continent and from America, a great gathering of workers assembled to commemorate the founding of District Nursing, and to pay their tribute of respect and honor to the man whose courage, faith and foresight had set

¹ Published in the *Household Arts Review* of Teachers College, Columbia University, April, 1910.

in motion so strong an agency for social betterment. There has been no essential change in the principles laid down in the beginning by Mr. Rathbone and Florence Nightingale in the organization of this work, though modern conditions of life, social, industrial and economic, have created new institutions to deal with, and modern knowledge has brought forth changes in methods.

"The family alone," says Florence Nightingale, "is that which follows us from the cradle to the grave." All other institutions are temporary, evanescent. That which helps to preserve the strength, stability and unity of the family, is of paramount importance. Sickness in poor families saps strength and vigour; it impairs family integrity; it may break up the home utterly. Therefore, assistance must be sent into that home of a kind which can nurse the sick one, advise the friends and family, teach measures of ventilation, cleanliness, etc., where such teaching is needed, hold the family together, and coöperate with all available agencies for needed relief or for the future prevention of similar trouble. Based upon the sound principle that remedies are practical and permanent only as they aim at prevention, and utilizing methods which carried this principle into effect by making the visiting nurse a health visitor as well, not only a minister to suffering but a teacher of sanitation and hygiene, it is hardly a matter of wonder that District Nursing should have succeeded; that in England it should finally have taken on national dimensions, presenting to-day a network of associations and an army of workers spreading over the entire Kingdom. In his monumental work in the life and labour of the people of London, Charles Booth says: "Of all the forms that charity takes, there is hardly one that is so directly suc-

cessful as District Nursing. It is hardly too much to say that wherever a nurse enters, the standard of life is raised." London alone has between thirty and forty District Nursing Houses; houses from which streams of beneficent effort toward social regeneration are constantly flowing, and every little rural parish throughout the country may be guarded and tended by the District Nurse who is at once nurse, friend, and teacher. In America the work has become a social institution of much scope, power and promise.

Its increased activity in all general lines of visiting work, and its expansion into many special lines, have been most marked during the last few years and are significant of the rapid growth of public sentiment in matters relating to public health and social welfare. Most movements in this direction find themselves turning, sooner or later, to district nurses for assistance or coöperation, and the simplicity and flexibility of these nursing associations leave them free to work under almost any conditions. As yet there has been no unification of the various associations or workers in this country, no national organization working for some uniformity in methods or for educational ideals and standards among the workers. That will probably come as it has in England, and with it will come many advantages.

In the meantime there is a growing realization here of what has always been accepted in England, that the District Nurse must bring high qualifications to her important work. Her general education must be liberal, since she must combine the three functions of nurse, teacher, and social worker. Her technical training must be comprehensive, since she can never, like the private nurse, select her patients and decline work which is uncongenial or for which she feels unprepared.

Miss M. Loane, a district nurse in England whose admirable contributions to this subject are worthy the careful attention of all students of social conditions, declares that district nurses need the broadest and most sanely balanced opinions as to their duties and responsibilities. She calls attention to the views of Dr. Gabriel Maurice, a French physician and pioneer in this work, who urges that "the essential business of the district nurse in the homes of the poor, lies in combating illness *des l'origine* by inculcating a knowledge of the laws of health, and raising her pupils to a higher plane of life by teaching the elements of a more reasoned order of living in a way *acceptable to them and understood by them*. The divisions and sub-divisions of her theme are numberless, some among them being cleanliness, sobriety, thrift, judicious expenditure of time and strength, the care of young children, consideration for youth and old age, self-control, tenderness for the suffering, reverence for the dying and "divine discontent." . . . "The care and protection of the aged and infirm is one of the most necessary parts of her work, while the supervision of children of school age, is the most useful and hopeful."

Lady Helen Munro Ferguson, speaking at the recent International Congress of Nurses in London, congratulated her hearers upon the fact that while expansion of industry and growth of organization had resulted in such specialization that many might spend their whole lives upon one monotonous process or some uninspiring work, the horizon in nursing had been set back. "New fields of work," she said, "have been opened out for you, whilst the intellectual interest of your work has increased with every advance in medical and surgical knowledge, and on the social side your opportunities have increased and with them your responsibilities also. Thus, while

so many workers have to fight against the contraction of character, with impoverishment of soul which comes through the narrow scope of their employment, you nurses can rejoice that every quality which you possess can be brought into play, and that your sphere of usefulness may be just as extended as you like to make it every hour of your day, and may be fruitful in self-development. This is important from the point of view of citizenship which we are considering to-day, for though it is true that every individual who lives worthily, however narrow his sphere, is contributing to the good of the State and borough, the most useful citizen will be the one who brings the greatest amount of capacity to bear on the greatest number of opportunities."

The various activities into which the District Nurse has been drawn, becoming a regular, an important, and frequently an indispensable worker, are those concerned with the prevention of tuberculosis, or of infant mortality, protection of the health of school children, supervision of hospital convalescents and fresh air work, social service in connection with hospitals and dispensaries, and welfare work in shops and factories. In sanitary inspection, notwithstanding its extreme importance as a fundamental and essential measure in health protection, the development has been comparatively slow, but good work is being done by District Nurses in Inspection of Tenements, of Food and Markets, Laundries and Workshops, and a practically limitless field in this direction lies before them. To those who understand how careful and thorough is the grounding in sanitary principles, and hygienic methods and measures which the well trained hospital nurse receives, it will seem natural that she should excel in some phases of this work.

In preventive work, that which is being done in tuberculosis leads the way, and an outline of the varied activities carried on under the direction of an association in Pittsburg suggests the richness of opportunity for service, and shows the need for highly and specially trained workers. Here the Tuberculosis League controls a sanitarium for the care and treatment of incipient tuberculosis, a dispensary where patients come for diagnosis, consultation and advice, and there is a group of visiting district nurses who follow these patients to their homes, teaching them the precautions necessary for self-preservation, and for family and neighborhood protection, supplying if necessary, additional food, arranging for out-door living, and maintaining friendly supervision over the entire household. In addition there is a nurse who is officially known as the Educational Secretary, and unofficially, as the "teacher-nurse" whose function it is to visit the public schools and give brief, simple talks to the children on personal hygiene, leading them through this path to some knowledge of tuberculosis, its prevalence, causes, and how it may be prevented and controlled. A further agency exists in the form of an out-door school where selected children needing special oversight, are daily instructed in the ordinary school branches and receive in addition a liberal education in certain rather vital matters not laid down in the school curriculum. The whole spirit and trend of the work in Pittsburg, it will be seen, is strongly directed towards the education and protection of growing children and it has become a sort of Mecca for nurses engaged in tuberculosis work and interested in studying new methods.

In presenting this typical situation, it is desired to show how great and varied are the opportunities spread before the nurse to-day, and to suggest her need of further

and special training in order to bring her work up to its highest point of efficiency. The nurse specializing in tuberculosis work should strive to become an expert in her own field; she should know the history of tuberculosis, its distribution, and causes, social, industrial, economic, the measures of prevention and control as they have been established in various countries, and the relative success that has attended these efforts. In other words, she should know the literature of her subject, and become an interested, thoughtful, and progressive worker through such knowledge. The belief in the importance of the public services required of the district nurse, teacher, and social worker, the conviction that they call for definite and special preparation beyond that which the hospital can supply, has led to the establishment of courses in Teachers College, Columbia University, designed to meet this need.

The courses as arranged present an interesting and extremely attractive combination of theory, laboratory work, and practical or field work. They will be carried on partly in the College and University, and in the School of Philanthropy, and partly in various district branches of the Henry Street Settlement. Fundamental courses will be given in Applied Bacteriology, in Foods and Nutrition, and in Personal and Household Hygiene and Sanitation. In Psychology a special section will be formed in which the subject will be presented with a view to its application to social problems. There will be various courses dealing in different ways with the housing problem, with inspection of tenements and factories, and sources of food supply, and with public sanitation and sanitary legislation. A comprehensive course of lectures by eminent specialists will be given throughout the year on Public Health, in which con-

sideration will be given to the prevalent diseases of modern life and the measures employed for their prevention and control.

District Nursing in its principles and methods will be taught by means largely of conferences and field work. The manifold problems to be met in families where sickness and poverty are combined will be discussed, methods and measures in dealing with them outlined and students will be assigned definite work in families in which there is sickness. They will be given opportunities for practical study of district nursing in its relation to tuberculosis, school nursing, social service and convalescent work and work among infants and children. Through the various courses in Social Economy given in the University, uncommon opportunities are presented for that study of social conditions upon which nurses, of all workers, should be informed, and through courses offered in the School of Philanthropy they may become acquainted with principles and methods of relief. It seems reasonable to expect that the work of our District Nurses will be greatly strengthened by a year of such preparation as has been outlined.

THE TRAINING OF THE PSYCHOPATHIC NURSE¹

THE subject upon which Dr. Southard has asked me to speak is the Training of the Psychopathic Nurse. I can see no point of view from which this subject may be approached that is not important, since it appears to be indisputable that every step forward in the development of better methods of diagnosis, of care and treatment and of scientific study of this class of diseases must, to be truly effective, be accompanied by corresponding developments in methods of nursing. Equally true does it appear that measures of prevention, through education or other methods, cannot be well initiated and properly carried out without the aid of suitably trained women.

The first and largest need is in those hospitals, public and private, in which the mentally sick are cared for. While much progress has been made in these institutions, there is still obvious need for a good deal of improvement in the character of the nursing; it is indeed urgent in some of them. Until quite recent years the care of sufferers from mental troubles was largely custodial in nature, the word "attendance" describing fairly cor-

¹ From notes of a talk given at a Conference held at the Psychopathic Hospital, Boston, in January, 1914.

rectly the character of much of the work done for such patients. And, so long as mental troubles were little understood, their causes all but unknown, the cure doubtful, the chief essential in their care seemed to be to insure watchful and kindly attendance and protection. Nursing, as we to-day understand it, was not recognized as necessary.

As we pass out of that stage of thought and begin to look upon mental disorders exactly as we look upon other forms of sickness with possibilities of improvement or cure, depending upon intelligent and skilful treatment, good nursing becomes at once an essential and indispensable factor in the situation. For the diagnostic and therapeutic methods of modern medicine and surgery cannot be properly applied to these patients without the coöperation of a competent nursing staff. The medical inspector for the New York State Commission in Lunacy, Dr. William L. Russell, says that "nothing has contributed more to the hospitalization of asylums than the establishment in them of training schools for nurses."

Miss Anne Goodrich, whose duties as inspector of training schools for nurses in the state of New York call her into the state hospitals for the insane, points out interestingly the difference in the care of patients in two types of institutions: the one in which the work is largely done by attendants, and the other in which it is done by student-nurses in training. She says the difference is marked, and it lies, not chiefly in greater external order, precision, cleanliness, but in that all-pervading, yet almost indescribable thing, known as tone or spirit. The outlook, the point of view of the student-nurse is usually wholly different from that of the attendant. In the one instance, the effort is to keep the patient clean, comfortable and contentedly oc-

cupied; in the other the interest is scientific as well as humane; it is concerned with the progress of the patient, with the effect of treatment, with those changes in attitude and behavior, which may be very fine, very subtle, yet very significant. Such conditions, upon which correct diagnosis and adjustments of treatment depend, are apt to elude any but the intelligently interested and closely observant student.

To those familiar with the dependence of physicians upon nurses in our great teaching hospitals, it will seem quite clear that wherever physicians are engaged in the serious study of mental disorders, in experiment and research, there will be needed to supplement their efforts, the work of educated and carefully trained nurses. I do not, in fact, see how the proper study of insanity can take place, how physicians can carry through all the stages of experiment which appear to be indispensable to progress, without the constant use of those observations which hardly any one but the nurse, who lives with her patients in the wards, is in a position to make. Dr. Richard Cabot, who has done much to stimulate us to better effort, has more than once noted the fact that we are not yet in our general medical work making full use of the observations for which we are peculiarly dependent upon nurses. He says, "Especially in symptomatology and therapeutics, the nurse has a far better opportunity than the doctor to make discoveries, because she sees so much more than he does of the effects of treatment and of the details of symptoms from hour to hour."

The proper nursing of the mentally sick, however, important as it is, is not, I am inclined to think, the chief contribution which nurses may eventually make in this field of work. Now that we have revealed to

us certain well-defined causes of insanity and others recognized, but as yet dimly defined, this whole work takes on a new aspect and a new life. To the knowledge that proper medical treatment and nursing of mental disorders ensures a larger hope of recovery, is added that knowledge of infinitely greater significance, that causes are known and can be dealt with, and thus measures for the prevention of insanity are taking a prominent place in medical thought and action of the day. Among these measures, education stands in the forefront. It is the clearest of duties to get into use speedily such knowledge on this subject as is available and usable by the ordinary man or woman, and to do this in as many ways and through as many agencies as can be accepted for the purpose. I have little hesitation in urging that nurses, and visiting and school nurses in particular, may be reckoned among the valuable agencies in getting before the people in a direct and simple way, some of this needed information and instruction; for nurses do enter freely into homes, are usually welcome visitors, and may, if they are able, penetrate where necessary into the problems of home and family life.

Armed with more definite and wider knowledge of the causes of insanity, and given some specific training in the observation and care of patients with mental disorders, they could take advantage, in ways they are not now often able to use, of the opportunities which lie actually in their daily paths. It seems probable that a good many unrecognized or neglected patients might be found and placed under proper care, and it seems certain that the influences and environment of children in their homes, which are likely to culminate later in producing mental troubles, might be recognized

and in some degree changed. From this standpoint alone, the teaching by nurses of the vast and far-reaching importance of childish habits may be among the most fruitful of their daily tasks. Nor should we exclude from this obligation the large army of private nurses, who, going from household to household, may find exceptionally valuable opportunities for presenting in the plainest and simplest way some of the important facts relating to the production and to the prevention of insanity,—that chance for prevention which exists according to Dr. Starr in about 35% of all cases.

Pathetically little can be done in any of these directions until we have found some way of giving a suitable place to this subject in the regular training schools in which our nurses are educated. If you ask me if some such instruction should form a part of the general training of all nurses, I am obliged to answer "yes."¹ I do believe that it should, first because I know of no way by which the nurse can ensure that she will not have to meet and care for mental disorders as a complication of ordinary diseases in the course of her regular work, and second because of the increased importance of mental disorders and the larger place they are taking in medical and public interest. Insanity appears to be increasing. Dr. Russell speaks of it as a "rising tide." Dr. Rosanoff says that it is increasing at a rate which is about two times as great as the rate of increase of the general population. Whether the real increase is as great as it seems, this much at any rate appears to be true, the actual number of patients with mental troubles to be cared for is increasing everywhere. This fact alone makes an undeniable appeal to nurses, which,

¹ There might of course be instances when it would be unwise to require such training.

through them should eventually react back upon our schools of nursing; for, if these schools are to meet the needs of the times, they must carefully study the expanding field in which nursing knowledge is to be applied, enlarging their curricula and adjusting their methods of instruction to include new conditions of disease, or better understanding of old ones. The recognition of insanity as a disease seems, therefore, to have brought a new obligation to training schools.

This important special branch of nursing should not be left out of consideration to be handled entirely independently of the general scheme of education for nurses. For such special training should at all times rest upon a basis of general training. It should be placed at a stage in the education of the nurse when she is well grounded in her preliminary sciences, and has sufficient command of nursing principles and methods to be able to apply them under new and peculiar conditions. For it must constantly be kept in mind that many mental troubles are based upon physical disorders, not infrequently of a grave nature; that the death-rate in insanity is high; that many mental troubles are constantly accompanied by bodily ailments and weaknesses. Every resource which the student-nurse has learned to apply in her medical and surgical nursing may be called into requisition here. The student, therefore, should have had a considerable training in general nursing before proceeding to this special branch, more difficult, more complex, baffling often even to the most intelligent efforts and study, and making in all instances a new and special demand upon faculties trained to comprehend in some degree the nature of these demands. Dr. Albert Ferris, president of the New York State Commission on Lunacy, very clearly shows what is

needed. "Medical care," he says, "and nursing should be as complete as in the care of any other grave form of illness." "The tenderest nursing is essential from the start," since the earliest treatment is often the most important. He draws a charming picture of the conditions under which such nursing should be done, of the impressions and influences which should surround such patients as a part of their treatment,—an ideal psychopathic ward in fact.

In a few of our great teaching hospitals such departments have been established, and at the Albany, Bellevue, the Johns Hopkins Hospitals, students from the training schools are taking a period of training in mental work as a part of their regular course. I learn from Miss Taylor, the supervising nurse of the Phipps Psychiatric Clinic in Baltimore, that a good many of the students become so deeply interested in the work that they beg for longer training, and I presume this is true of the other institutions. This is, of course, precisely what is looked for and desired. It is from such students, those who have shown particular interest, aptitude and fitness, whose interest, in fact, impels them to seek further and more thorough preparation, that the special workers in this field of mental, or as it is here called, psychopathic nursing, will be drawn. It should rank as one of the higher branches of nursing.

While as yet the hospitals with psychopathic wards or departments are few, institutions for the care of mental diseases are many, and abundant opportunities could doubtless be secured in some of them for instruction and training. There should be little difficulty in arranging for the admission of student-nurses for a definite period, say three or four months, in their senior year, and it is to be hoped that a good many of our older and leading

training schools will ultimately effect some such relationship.

Probably the best next step would be the provision of a few really satisfactory courses of post-graduate study and training in mental nursing; something which would reach and interest the large body of graduate nurses who lack such training,—courses in the formation of which all the resources of the institutions offering them were called upon; the instruction worthy of serious consideration; the practical work kept within rational limits for a graduate student body. To such a scheme of instruction a social service department might contribute a valuable part. It seems probable that a psychopathic hospital with a well-organized teaching plan could receive both students in training and graduate students. But, of course, to do either in any adequate way, it must look far beyond the problem of its own current needs and approach the matter as an educational branch of work, to be treated seriously as such.

The great importance of the subject, both from the standpoint of the individual and of our entire social system, is a sufficient reason for an urgent effort to bring more and better trained workers to its problems; and the unusual interest and enthusiasm of those nurses who are already at work in this field is an incentive and an encouragement to those who would follow.

NURSING AND PUBLIC HEALTH¹

THE late William James had some very interesting and uncommon ideas on the results of war and of military training and he embodied them in an article called "The Moral Equivalent of War."² In this he pointed out the part which war has played in developing splendid racial qualities—courage, vigor, hardihood, and great capacity for heroism. Everybody knows this, and many believe these fine qualities can be preserved in the race only by a continuance of war, with its severe discipline and searching ordeals, and that under a reign of peace we should degenerate and become mere weaklings and molly-coddles.

Perhaps none can feel more deeply than do nurses the heroism and devotion which war may be the means of bringing forth. They will recall that frail form, with her little lamp in hand, on her nightly rounds in the great barrack hospital at Scutari, with the wounded from Alma and Inkerman lying in thousands about her. Without the great crises of the Crimea the matchless

¹ Address to the Graduating Class of the Massachusetts General Hospital Training School for Nurses in Boston, May, 1912.

² *Memories and Studies*, William James. Longmans, Green and Co., 1911, pages 267-296.

powers of Florence Nightingale might never have been set free, her commanding genius might have found no fitting field for action, and the splendid pages which open the history of modern nursing might never have been written.

But, however conscious we may be of the extraordinary virtues which war has unquestionably brought forth in society and in the individual, we nurses are essentially believers in peace—we believe quite simply that war between nations, as we know it is wicked and sordid and stupid, and that no conceivable good which may come from it is worth the terrible price which must always be paid. And we rejoice that Mr. James confessed himself unable to tolerate the thought of war. It had become too monstrous, and he tried to see how, in dropping it, we could find a way of preserving in our organized daily life some of the old elements of army discipline. He concluded by practically proposing that men and women should be in some way drafted as workers into all the common activities of human life; that periods of work of this nature should be an obligatory service to the state, and that in performing these duties men and women would make their contribution, just as a soldier does, and is proud of doing, to the nation's welfare—a sort of genuine, honorable, universal civil service. In some such way as this he thought we might, without war, develop courage, contempt of ease, surrender of private interests to general welfare, obedience to command, and also patriotic pride and ambition, since "these martial virtues must ever remain the rock upon which states are built."

Now, if I interpret aright the underlying thought in this master-mind, it appears to be that there are many other kinds of defence needed in life beyond that which

we at times must hold up against opposing nations—that we are in fact continually being called upon to rise, and engage actively in defence of something; it may be health, education, religion, politics, morals—even our ideals, and that the will, courage and ability to defend successfully must be a common possession, and that women as well as men must be trained for such service. The thoughtful nurse, during her daily work in a busy hospital to-day, will be apt to perceive that though we may not have the horrors of the Crimea, there is still some sort of warfare going on, because she sees the results of it among the sick and wounded, in the wreckage of human life, strewn thickly around her in hospital wards. She will be astonished and troubled to think that in this enlightened world human life is so precarious, that human beings are so defenceless against disease, injury and suffering.

And here, she touches upon the world's very greatest problem to-day—how to protect and defend the health of the people who still do “sit in darkness and the shadow of death.” For notwithstanding all the triumphs of sanitary science and of medicine, we still have, it is estimated, about 3,000,000 seriously sick people at all times in this country, and at least a half million of these are consumptives of whom 150,000 will die each year. Our railways in one year recently killed over 11,000 and injured over 100,000; 200,000 lives are lost annually as incidents in ordinary industry, and over half a million are crippled yearly in the occupations in which they work for daily bread. In speaking of this at a recent meeting, the lecturer reminded the audience that in the tremendous ravages during the Civil War only 500,000 lives were lost. In an address last night before the Civic Forum in New York, Senator Beveridge

stated that not six out of forty-nine states have good child-labor laws; in most of them they are so weak as to be a mockery and an insult. And children in industry suffer an injury rate three or four times as high as that of adults.

The industrial world, it will be perceived, is supplying us with battlefields and in some ways their warfare seems the most inhuman and pitiless contest ever waged on the face of the earth.

The investigations which inform us of 2,000,000 syphilitic persons in this country give glimpses of a peculiarly powerful and crafty system of oppression through which this evil flourishes. These so-called social diseases form by far the greatest factor in degeneracy and in depopulation of the world, and Dr. Prince Morrow thinks that their extermination would probably reduce by at least one-half our institutions for defectives.

Now since nothing exists without a cause, there is reasonable ground for assuming that the conditions which are proving so destructive of life and health are due to the presence among us of persons who may justly be called enemies of society. Nurses may come eventually to realize that they are called to the defence of their country in as true and real a sense as was any soldier who ever bore arms, and the obligation is one they may not evade. It may be that the very best services which nurses can render will not in the least resemble those of the Good Samaritan. The language of the modern health movement in which nurses are engaged is significant. It speaks of "The Warfare against Tuberculosis," the "Crusade against Social Diseases," "The Campaign for the Prevention of Infant Mortality." Brave, nurses have ever been; but this work calls for a new kind of heroism.

In his little book on *Latter Day Sinners and Saints*,¹ Edward Ross says that

"there will always be room for the goodness which helps the lame dog over the stile, lifts up the stumbling child, and gives a cup of cold water to the thirsty wayfarer; these personal ministrations we must not lose," but he adds, "if the *keynote of far-reaching service is prevention*, there is perhaps nowadays no high and noble endeavor more holy and precious than this smiting of iniquity."

"If we ever get our eyes open," he says, "no matter how gentle and shrinking we are, our service is sure to become in time less of a ministration and more of a crusade. One fares abroad in the morning with no thought but to minister to the sick, but ere it is noon you find that one is hammering away at quacks and bogus medical schools and patent medicine frauds and food adulterers. It is this contact with real life, and nothing else, that is turning ministering angels into armed champions. For the philosophy of goodness, as you find it in the book, the pulpit, or the class-room, has not advanced, and your true saint is still supposed to carry with him nothing but honey and balm."

"The latter day saint carries a sword at his thigh, because as society develops from the simple to the complex, more and more of woe and misery is chargeable on someone else than the sufferer of it. Little is to be done for mill children, or factory girls, or shop women, or the workers in the unwholesome trades and the dangerous occupations, or the victims of industrial accidents, save by means of legislation; but such legislation must be fought for, and it is not to be had by those who are afraid to give blows or to take them."

In a recent book by a brilliant English writer,² attention is called to the physical breakdown of the family

¹ *Latter Day Sinners and Saints*, Edward Alsworth Ross. B. W. Huebsch, New York, 1910, pages 59-62.

² *The Future of England*, Hon. George Peel. Macmillan and Co., London, 1912, pages 104-105.

over large areas before the pressure of industrialism, and it is urged that as we judge the seventeenth century by its work for freedom, and test the eighteenth and nineteenth by the value of their industrialism, so domestically we in the twentieth century will largely stand or fall by our success or failure in dealing with the health and physique—bodily and mentally—of the race.

How far we shall succeed it is impossible to forecast, and there are those, I believe, who are doubtful of man's ability to "survive civilization," but our efforts to prevent and combat disease, and to protect the health of the people are growing in many directions and becoming more vigorously and intelligently directed. In these efforts nurses are naturally taking a very considerable share, and there is a tendency to place new powers, and new opportunities and responsibilities in their hands.

Dr. Richard Cabot, while discussing with refreshing candor the "Doctor's Dilemma," takes the occasion to point out that the tendencies of the day in dealing with Public Health are distinctly toward

"free nursing service, through district nurses, school nurses, tuberculosis nurses, social service nurses, factory and store nurses—all tending more and more directly and vigorously for the public good."

In an address given recently in this city, Dr. Henry Favill shows how the district nurse becomes a factor and a monitor of extraordinary power in the community in which she works—how the combination of nursing functions with sociologic situations combines to strengthen her usefulness and also how medicine can enlarge its field of activities through the coöperation of nurses, which shall be intermediary between its knowl-

edge and the application of it in various ways. "The Visiting Nurse," says Dr. Winslow, is "the most important figure in the modern movement for the protection of the public health."

I suppose the work of nurses which is being carried on in and through the public schools is about as important as any effort for the protection of health among our children, and as likely, if properly carried out, to be fruitful in good results. Dr. David Snedden, your Commissioner of Education, said recently in a public address that in the "whole field of public education there is no more promising development than the school nurse." Boards of Health and Education in many of our cities and towns are encouraging the extension of this work, and recent statistics show school nurses in one hundred and fifteen cities, while in four states the provision for medical inspection authorizes also the introduction of school nurses. There are about one hundred and fifty nurses in the public schools of New York City and the Board of Health has recently paid a deserved tribute to their work in asking for one hundred and fifty more.

In Public Health work nurses are finding themselves called upon to apply their resources of knowledge and skill not only in the old familiar ways, but to a good many situations and problems which are new to them. From dealing with results nurses must here be able to study and deal intelligently with causes, to act where no precedent guides, to think matters out, to see the real behind the obvious.

In this work there is frequently some social situation to study, some problem of relief to consider; in some instances there are delicate and complicated matters of social adjustment which call for the trained powers of the social workers to reinforce those of the nurse. And

as we have come to see how largely our preventive measures must depend for efficacy upon "unloosing the bonds of ignorance," we see also that persistent teaching becomes an essential and indispensable factor in preventive work. The nurse, then, must become the teacher, not of a carefully defined and outlined subject to a carefully arranged and graded group of children—no such orderly business as that. But she must teach the elementary laws of healthful living—how to keep clean houses, clean bodies, clean clothes, and wholesome food, and the reasons for these. Moreover, she must teach under conditions which often set every sanitary law at defiance, the most discouraging and hopeless conditions, and she must adjust the teaching in home after home to varying grades of intelligence, prejudice and opposition, studying every possible measure and device to secure even a little response.

All of the high authorities just quoted affirm definitely their belief that, in order to render these valuable public services satisfactorily, our nurses must bring a better and broader education than they are now bringing.

"In the public school work," says Dr. Snedden, "she must be acquainted with the problems of the school-room, she must have the proper foundations of culture appropriate to the calling,—the person who to-day undertakes to follow the career of nursing without a grasp of the accumulated knowledge which the world has put at our disposal would be falling far short of any reasonable measure of human service."¹

Dr. Winslow urges, with every emphasis, that in public health work

¹ "Progress of Vocational Education," David Snedden, Ph.D. *American Journal of Nursing*, Sept., 1911, p. 1009.

"the nurse must understand thoroughly the fundamental laws of hygiene and sanitation, which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special applications, whether it be in school nursing, tuberculosis work, or infant hygiene. She must know these things not merely as a worker, but as a teacher having a vision for their right relationship and effective presentation."¹

And without mincing matters, Dr. Favill says that

"the point is reached in our work where the structure is greater than the foundation, where the foundations have got to be broadened in order to insure the stability of the superstructure."

But my own belief is that we reached that condition long ago; and I can remember no time during the years in which I have been engaged in nursing or studying nursing problems that I have not thought our foundation and indeed our entire professional training quite inadequate in essential ways for the work to which they lead. This brings us into the great problem in nursing, that of education, upon which it will not be possible to more than touch to-night.

This great new industrial world with all its wonders, with its tremendous onswEEP of energy and power, with its rapid changes not only in methods of industry, but in economic conditions, in social and religious life, is subjecting all of our occupations and vocations to new and searching tests. The older professions are taking on fresh significance. New professions are being created, and our entire system of education is being con-

¹ "The Rôle of the Visiting Nurse in the Campaign for Public Health," C. E. A. Winslow, Dr. P. H. *American Journal of Nursing*, August, 1911, p. 917.

stantly reshaped to meet new social ideals and demands. Improvements and advances in the education of medical men go on steadily, and we know just how essential it is for the welfare of the world that medical education should be given every freedom and power to develop, and be aided and encouraged by state and nation. In every one of the sciences and arts it has long been accepted, that through educational methods, and through them only, could any permanent and considerable improvement and development take place.

"Eagerness for knowledge, with a view to its immediate application to life, is the consuming desire of our times," says Dr. Faunce in discussing "Educational Ideals in the Ministry." "For education the largest buildings are erected, the greatest endowments given, the largest taxes freely paid,—since the nations have come to perceive that all industrial, military and intellectual achievement is based on the persistent education of the people."

Now let us see what bearing these truths may have upon the work we are to-night considering—that of nursing. We are, I am assuming, agreed that this work has come to be indispensable in sustaining life and health and that its usefulness in these respects is steadily enlarging. The Schools of Nursing, however, in which women are being prepared for such important services, are universally using the educational methods of a half-century or more ago. We should not delay studying these schools most seriously, and quite apart from their relation to our hospital system. The needs of the sick in our hospitals should of course be adequately met, but it is certain that we must find other ways of doing this than by such complete dependence upon Schools of Nurs-

ing. These cannot be wholly subordinated to the service of the hospital, and at the same time carry on their educational work in conformity with any respectable educational standards. Little real development is possible under such a system. Nurses, everywhere, are urging their pressing need of a sounder and more liberal education in order that they may better satisfy the demands of the time in their work.

Would it clarify our thoughts on this point if I mention briefly a few outstanding facts concerning our Schools of Nursing? To-day in the very great majority of them, the entire amount of time devoted to theoretical teaching during the whole three years of training (and these are three calendar years which are equal in actual time as educationally measured to four academic years) will be found about equal to one term, or half year of ordinary high school work. And yet this feeble body of theory must cover the sciences and all the other subjects needed in preparation for the practice of an important profession.

To-day in the majority of our Training Schools young student nurses are working in hospital wards at least nine hours daily and for the period of night duty this becomes twelve hours "on duty." In a recent study of several hundred such schools nearly fifty per cent of them admitted to having a ten-hour day. Do we seriously believe that any acceptable system of instruction can be carried on under such conditions?

To-day the very great majority of training schools—probably not less than 90%—have not in their staff one single paid instructor whose whole time is devoted to teaching students. A large number of these do not own to having anything whatever in the way of a library for their students. Out of records received recently from

over 800 schools nearly 300 (299 actually) either stated that they had no books, or ignored the question on that subject. Moreover in this whole country, where such enormous sums are given for general education, and for technical, agricultural, medical and many other kinds of professional schools, there is not, as far as we know, one single training school provided by endowment or State aid for the proper conduct of its work. The schools are left to struggle alone with an educational problem of which the hospitals can only adequately carry their due share. There are of course causes for these conditions. They should be intelligently and patiently studied. The processes by which nurses are trained in our Schools are obviously of great importance. Any conditions which place these Schools at a disadvantage in methods and results when compared with other professional schools must inevitably react injuriously, not only upon the Schools and the nurses whom they have trained, but upon the sick in their homes, upon hospitals, upon physicians, in fact upon the entire public.

I would urge, therefore, upon Boards of Trustees and Governors of Hospitals a larger interest in their Schools of Nursing, an educational system which they have established, are guiding, and are under obligations to maintain, not merely as part of hospitals with hospital efficiency and economy only, in mind, but as an important part of the general educational system and worthy of public respect.

Against such formidable obstacles to progress in nursing education as I have attempted to indicate here, you who graduate to-day will soon be measuring your strength. You will learn what it means to try to upbuild good standards of education in this particular work, to defend

and maintain them. In that effort you will need all of the powers which your school and hospital have developed in you and many which they could not, and for the many excellences in the training which your liberal minded and progressive superintendent and those who support her have provided for you, you will always have reason to be grateful. Among nurses you will stand as the strong, who having had much, must share the burdens of the weak.

In the last analysis the great improvements in nursing must come from within; they must be brought about by nurses for nurses. Wherever you are conscious of faltering or failing in your work your first thought will be to try to prevent others from similar failure. For there can be no weakness in any part of nursing that is not your weakness, no strength, no progress which you will not share. Sharing the privileges of the whole body, you must inevitably share their difficulties and responsibilities. You will count no sacrifice too great to make, that your work may be strengthened, and improved for the service the world needs from you.

HOW CAN WE ATTRACT SUITABLE APPLICANTS TO OUR TRAINING SCHOOLS FOR NURSES?¹

DIFFICULTY in attracting suitable applicants is not peculiar to training schools for nurses. A good many other professional schools—most of them in fact—find similar difficulty. Medical schools are constantly complaining of the poor caliber of their students, and we are not without some evidence that their complaint is justified. Mr. Pritchett, President of the Carnegie Foundation, says that “for twenty-five years past there has been an enormous overproduction of uneducated and ill-trained medical practitioners,” and later, “the profession has been diluted by the presence of a great number of men with low ideals both of education and professional honor.”² Mr. Abraham Flexner, continuing, speaks of a “century of reckless overproduction of cheap doctors.”

Law schools admit large numbers of men who give little impression after graduating, that they are in any way concerned with the maintenance of justice. In

¹ Based upon a paper read at a meeting of the New York City League of Nursing Education, November, 1913.

² The Carnegie Foundation for the Advancement of Teaching, Bulletin No. 4. Introduction by Henry S. Pritchett, pages x and xiv.

fact, the sharp, unscrupulous attorney who is unpleasantly common in some of our communities, may become a serious obstacle to the enforcement of the law. As for theological schools, it has long been a serious problem with them to attract enough men of suitable education and general fitness to fill the ministry. The inefficiency of the ministry is even given as one of the reasons for an alleged decay of the churches. President Faunce of Brown University says, "Few young men of strong personality and power of leadership are now choosing the ministry."¹ The army and navy, once the most popular and attractive of professions, seem now to be in pretty much the same plight.

If it is suggested that the profession of teaching may perhaps be an exception, that it is rather over than under supplied with pretty good candidates, that too many (women especially) are turning in this direction, yet no one who is at all familiar with this great profession with its enormous army of workers could deny that it has many members who are conspicuously unqualified for the work they are doing.

These are outstanding examples, yet I am sure if we were to examine the whole realm of professions and occupations of an exacting kind we would probably find just about the same state of affairs. No one of them appears to be able to recruit to its ranks enough suitably equipped men and women to meet adequately the requirements of the work they must do and for which they are needed.

It is clear that scarcity of good candidates is not peculiarly characteristic of Schools of Nursing. It is, however, at the present time a serious problem in these

¹ *Educational Ideal in the Ministry*, William H. P. Faunce. Macmillan Co., New York, 1908, p. 4.

schools, of sufficient importance to call for careful study of the causes and for the most intelligent effort we can make to find a remedy.

For we can hardly fail to see that the power of any profession to give its best services to the public rests largely with its schools. Efforts to improve the quality and character of work in all professions seem to have taken one large general form and direction. This has been toward the professional schools, and generous have been the efforts to strengthen and enlarge their resources to enable them to advance in their work, to improve the quality of training offered their students, and most important of all, to maintain such requirements for admission as will provide a good foundation on which to build. Only by increasing the knowledge, and thus enlarging the capacity and usefulness of its members, has it been found possible to so strengthen the character and standing of a profession, as to enable it to hold the confidence and respect of the public.

With these facts in mind, the question of suitably qualified candidates for admission to Schools of Nursing ceases to be a simple matter in which these Schools only are concerned. It becomes in a direct and obvious way the business of the entire profession, and hardly less, that of the entire public.

Nursing should not differ essentially in its problems of education and training from other professions, and fundamentally it does not. But nursing schools have grown up under quite uncommon conditions, and all efforts toward educational growth and development have encountered strangely obstinate and persistent obstacles. Some of these unusual conditions stand out conspicuously, others are subtle and somewhat obscure, but are nevertheless of considerable moment.

Surveyed briefly, the conditions which have affected the growth of Schools of Nursing and very markedly the quality of students entering them, have been the phenomenal growth in the number and kinds of hospitals consequent upon the great discoveries and developments in medicine and surgery of the last half century. It has been an era of hospital building. To provide for the necessary nursing care of the sick in these hospitals was indeed a problem and the way they found of solving it was by the creation of schools of their own in which training in nursing was offered in return for the services of the students. For many years there was no check whatever on the establishment of Nursing Schools by the rapidly multiplying hospitals large or small or special in form, public or private in character. No ordinary normal supply of students could keep pace with any such overwhelming and continuous demand, as the hospitals of this country have made for student service during the past thirty years. In the efforts to meet this, standards of admission to Schools of Nursing have been kept on a very low plane, and the situation which we are now studying in the scarcity of suitable applicants to our Schools, is the logical result of the methods we have employed.

The deepening entrenchment of Schools of Nursing within hospital systems has made them powerless to lift their methods of training out of the extreme narrowness and rigidity of earlier days, into line with accepted ideas of modern professional education. Schools of Nursing have therefore, quite naturally appealed less and less to the educated young women now exercising more discrimination than formerly in the choice of occupation. It is evident that the scarcity of good candidates must be attributed in considerable measure to the

increase in the whole realm of woman's activities, which have expanded in so striking a manner during the last quarter of a century.

When in 1860 the first School of Nursing was created by Florence Nightingale, there were really but two vocations of a professional type open to women, —teaching and nursing. But in recent years, many new, interesting and profitable occupations for women have opened up, and attention is being steadily deflected from these older, time-honored callings into newer and more attractive channels. Women are now working in many capacities in public and in private life, to an extent undreamed of twenty-five years ago, and paths for advancement long closed are now accessible to them.

Of the more common occupations, secretarial work is occupying many well-educated and able women. Our social, civic and educational institutions everywhere are employing in some secretarial capacity, a very large and steadily increasing number of educated women. They are also spreading into various business houses. The requirements for such work as they are doing are fairly high, and this field is a popular one among college women.

The field for librarians has widened perceptibly, and affords ever-increasing scope for highly-educated women. In certain special branches where expert work is needed, exceptional qualifications are maintained. There appears to be little difficulty as yet in securing well qualified candidates for this field. More attractive still, apparently at the moment, are those activities which are rather loosely summed up in the term "social work" and those who are engaged in it are in many instances just such women as would in earlier days have been drawn to schools of nursing. This work has steadily grown

in interest, usefulness and dignity, and in order to ensure such standards, schools of philanthropy have steadily raised their requirements until now they are beginning to ask full college training of their candidates for admission. I think I am right in saying that in the School of Philanthropy in New York City almost all of the students are now college graduates. Few of those nurses wishing to do social work would qualify for admission to the regular courses, and special courses of a somewhat elementary and popular type have been arranged for them.

These present a few instances of occupations, drawn from a large number, which in actual importance to society, and in demands upon intelligence, character and ability do not surpass nursing as the writer knows it. Yet these are readily believed to require of their followers a much better education and training than is deemed necessary for nurses. For it should be fully realized that while there is a sprinkling of college women in some of our leading schools of nursing, the majority of these schools are not able to maintain even a full high school requirement, while the laws now enacted in nearly every state, seldom have dared to go beyond one year of high school as an educational requirement. As a matter of actual fact I cannot think, at the moment, of any of the more serious callings of life, which is so easy to enter as nursing is to-day. So it cannot be held that these new occupations are easier of access than nursing is; on the contrary they are all harder to enter.

It has been suggested that possibly the remuneration received in these other fields is higher than in nursing, and is thus a factor in attracting candidates. Even the most casual study shows that this ground cannot be altogether well taken, though no usable conclusions on

this point could be reached without careful comparative study of the several fields of work. In the majority of those positions which are held by nurses in institutions, the salaries are high in comparison with those of secretaries, social workers or teachers. I grant that the salaries of teachers are not what they should be, but this does not alter the fact that the salaries of nurses are generally somewhat higher, and this is true in a measure, of even the least adequately paid branches of nurses' work, those found in the city departments. The nurse in such a department enters upon her work at a salary appreciably higher than that of the young teacher just beginning, though there is a marked variation in the hours of work and the length of the working year. There is this difference, however, and this is a vital matter, that the teacher has advancement and promotion to look forward to, while the nurse has practically none. The writer knows a nurse who has done excellent work in the New York City Health Department for about ten years. Her salary is to-day just what it was when she entered the Department. There is little if any outlook for advancement and she may have to give up work which she likes, and in which she has proved valuable, in order to secure the larger income which she needs, and for which she is undoubtedly qualified. She is one of a staff of about six hundred nurses, whose outlook for advancement under the present system appears to be little greater than hers.

From the foregoing it would appear that there may be something in the conditions of nursing generally,—of work in hospitals and training schools, which is keeping out candidates. What is this something? I am not sure that I know, but in so far as hospital training schools are concerned, I can give you some at least of the reasons

as other people give them to me. Without any attempt at logical order, they stand about as follows:

First there is on the part of would-be candidates and their parents a decided and almost universal objection to the long hours of hard ward work, which are still the rule for student nurses in hospitals. Out of several thousand hospitals in this country, only about eighty have yet established an eight-hour day. (These statistics were secured shortly before the passage of the law in California requiring the eight-hour day for student nurses in all hospitals of that state.) There is a particularly deep-rooted objection to the customary twelve hours of night duty for such students, night work usually occupying six or eight months out of the entire three years of training. There is a further objection to the long hours for special nurses, which are almost never less than twelve, and may extend to sixteen or even eighteen. Many hospitals of good standing otherwise are flagrant offenders in this respect.

The next objection is to the amount of ordinary routine housework frequently included in the training of nurses throughout the entire course. It is frequently pointed out that this has limited educational or disciplinary value, that its real purpose is to save the expense of domestic labor, and that it should be turned over to the department of domestic service to which it belongs.

A further objection is to the elementary and superficial character of the instruction, to the meagre amount offered in all subjects and to the pitifully inadequate preparation of many of those who are appointed as teachers. It is urged in connection with this, that even were the teaching of the highest degree of excellence, it would be difficult for students to profit by it, after the many hours of hard physical effort daily, such as is

involved in actual care of the sick,—effort which is also exacting from the standpoint of mental strain and responsibility.

Other objections which are pretty constantly made are to the unintelligent and at times childish nature of the discipline, to the restrictions thrown about the whole life of the student, preventing such natural pleasures and diversions as every healthy human being should have. It is felt that wholesome pleasures should be liberal rather than restricted for those whose main work is of so serious and often depressing a nature. The lack of sufficiently long vacations and of occasional holidays such as students in other schools have at Christmas and New Year, Easter, Thanksgiving and Sundays; the lack, frequently of suitable living conditions; lack of libraries; of current reading material; of suitable teaching equipment, are also frequently the ground for objections, and summed up, they present a formidable array. Not all of these conditions to which objections have been made, are usually found in any one hospital or training school, but some of them would probably be discovered in all schools, and I presume that careful study would reveal other less conspicuous and more subtle defects to which we have grown accustomed.

There is one aspect of the situation which it might be well perhaps to clear up before going further. It has been said, and letters have stated in the public press, that the scarcity of applicants to training schools for nurses, is due to the establishment of laws requiring unattainable educational standards for admission. I doubt very much indeed if there is any actual decrease in the number of applicants to our schools. There has been a large, widespread and steadily increasing demand by hospitals for student-nurses, and when these could

not be supplied, it has been easy to infer that candidates were decreasing in number. But I find no evidence to prove that the scarcity which does exist has anything whatever to do with the laws relating to the education of nurses. Most of these laws are in fact so modest in requirements as to form no barrier to candidates offering the least in the way of qualifications, that ought properly to be considered.

Every training school superintendent of experience knows that there has never been a time when suitable applicants were sufficiently numerous. Many years ago, before so many avenues of work were opened for women there was probably a relatively larger number of persons applying for admission to training schools for nurses, and among them were some candidates who were highly qualified, for that day.

But when we hear of a time when there were many hundreds of applicants, we know quite well that all but the merest handful of them would have been unable to present even the minimum in qualifications of education and personal fitness for the work of nursing. Long before the first law was passed, the heads of certain training schools of my acquaintance, in despair over the difficulties in securing enough students for the work in their hospitals, would write asking us to refer to them those candidates whom we had been unable to accept. Our answer to that usually was, that while large numbers did apply, many were wholly unfitted for the work, and that in the last analysis we never sent away any applicant who, we thought, could by any power within our reach, be made into a good nurse.

Scarcity of good applicants existed before laws were even thought of. It prevails in states where they have no laws, and it is even a greater problem in some of

these states than in those in which laws are in operation. It is quite a problem in Canada from which we in America formerly received a number of very good candidates. They are saying now over there, that they cannot recruit enough students for their own schools, though no laws are hindering them.

In England where there are no laws, there is increasing anxiety over the dearth of good applicants. Schools of Nursing there frankly say that they are admitting numbers of women whom they consider ill qualified to become nurses. They must do this, they say, in order to get the hospital work done. That last sentence provides the keynote of such suggestions as I have to offer, for trying to increase the number of suitable candidates for our schools of nursing.

First, it seems to me we must gradually stop thinking of student nurses, as providing an easy and convenient means of getting a great mass of hospital work done, some of which is nursing, and some of which is not, some of which provides valuable training for nurses, and some of which provides no training at all for intelligent women. We should reorganize our minds on this subject, and when that is once done it will not be too difficult a task to reorganize our work. We must first, last, and all time look upon the student nurse as a student in the fullest sense of the word, and provide for her as such, in instruction, in practical training, and in methods of life and discipline.

A really thoughtful, seriously made study of our methods of practical training would probably lead us to eliminate a good deal of the most simple unskilled domestic labor now performed by students of all grades as a routine part of their daily work, and place it where it belongs. This would put it in the hands of domestic

employees as a branch of elementary household labor. To illustrate my point, it is important, for instance, that bath tubs should be carefully cleaned as often as needed, that basins and all other necessary common lavatory utensils should be kept absolutely clean, but it is no more necessary that a nurse should do this work daily than that she should clean floors and windows. It is important, for instance, that linen should be kept neatly folded and placed in orderly arrangement for convenient use, and that linen room shelves and drawers should be clean. It is not necessary that such work should devolve upon the student nurse. Her time could be spent more profitably in actually nursing her patients, studying their condition, ministering to their immediate needs. Of course, the student nurse should be taught how to clean and care for properly, every part of her patient's immediate surroundings and every appliance used, but it is not necessary, if a woman is intelligent enough to be a nurse at all, to make such work a routine process in her training for the entire three years, or for even an appreciable part of that period.

To reconstruct what is called "ward work" and sift out of it a good deal that need not be done systematically by nurses, would greatly improve their training, and tend to remove the reasonable objections that intelligent use is not made of the student's time, strength and mental powers. We have been making, of course, transfers of work of this kind, for a good many years, and producing thereby better nurses, but we have not gone far enough,—not nearly.

Then there must be better teaching in our training schools, and by this I do not mean particularly, teaching in class or lecture room, important and essential as that is, but I am thinking of what might be considered a kind

of clinical teaching in the wards over the patients, which has as yet been nowhere worked out to the degree in which it should and could be developed. This may be teaching, not only of highly technical and complicated procedures, but of the very heart and soul of nursing. It must be done by the highly qualified nurse, who works carefully, critically, sympathetically, exacting the best efforts of her students while inspiring them to further effort in the way and in the spirit in which the painter or the musician passes over what he can of his art to his pupils. "For nursing," as Florence Nightingale says, "is the finest of all the fine arts."

To teach in this way we must have highly skilled graduate nurses as heads of our wards, capable of first seeing their work from this standpoint and then of imparting their knowledge and art to student nurses, helping them to become skilful, arousing their thoughtful interest in the progress of their patients, inspiring them with enthusiastic purpose and striving to create in them love and respect for their work. Such teaching cannot be done by a young student nurse certain to be lacking in the indispensable qualifications of experience and judgment, and it is a grievous error to place a student nurse in charge of a ward with its unparalleled opportunities for such instruction, because that happens to be a convenient way of meeting the situation and lessening hospital expense. We shall not attract intelligent women into our schools of nursing by placing them in the hands of their own schoolmates to be trained and developed. That system went out of use in other branches of education long ago, and we retain it in schools of nursing at far too heavy a cost, that of losing the kind of candidates we most need, alert young women of enough understanding to decline to commit themselves to such educational methods.

All teaching in schools of nursing, should be done by instructors, nurses or others, experts in the subjects they teach, whether theoretical, practical (so called) or personal. They should be adequately paid for such service and given proper status, and place and equipment with which to carry on work of paramount importance. A liberal policy in this matter of instruction, together with the provision of a sound and well-balanced system of teaching, should do much to attract a larger number of good candidates to our schools. That system is far from liberal and well-balanced which provides weekly but two or three hours of instruction for student nurses, while exacting from them simultaneously, from fifty-six to seventy hours of practical work. Important and indispensable as is practical work in the training of student nurses, unless kept within rational limits, it will render almost futile any system of teaching, no matter how excellent. There must be constant recognition of the fact that women enter hospitals as students with rights to be considered, and not merely as a body of workers whose services may be commanded.

It has proved practically impossible for student nurses to benefit as they should by instruction, no matter how valuable or how interesting, when they have hardly any suitable time for study, and when they are too tired, after several hours of physical work to follow the teacher with a clear comprehension of what is being taught. A quarter of a century of experience and unceasing study of this question leads me to an unshakable conviction that reform in hours of work for students in hospitals is our first and fundamental problem, that it is urgently and widely needed, and that without this, other improvements and advances will be of limited benefit, and

some of them indeed cannot be safely urged. Eight hours of hospital work daily for students is the very maximum which can be carried on concurrently with any adequate system of instruction. This, of course, does not apply at all to the preliminary term when the student is being prepared for entrance upon hospital duties, by concentrating a good deal of necessary instruction into a brief period. This time should always be truly independent of hospital requirements.

There is one aspect of our work seldom touched upon, yet profoundly important. It is the relationship between the superintendent of nurses and her staff of assistants (commonly spoken of as the "administration"), and the students of the school. A deeper understanding and a stronger sympathy on both sides must somehow be created. Students should be able to obtain a clearer comprehension of the purposes and value of discipline and carry it willingly and intelligently into efforts to strengthen themselves and to overcome weaknesses. In some way it ought to be possible to give students an understanding of the peculiarly heavy burden of work, anxiety and the responsibility which must inevitably be borne by the heads of all hospital training schools. There must be mutual confidence and respect, and our students after graduating should feel that their happiest, as well as their most useful days, have been spent in hospital and training school, to which they turn with ever greater loyalty and affection. It should be a great pride and pleasure to them to bring into the work they love and the schools they believe in, their sisters, other relations and friends. Until our outgoing students carry this spirit with them, we can hardly assume that conditions are right in our schools.

It is in these directions mainly I believe, that we

should work in trying to enable our schools of nursing to attract and hold the better type of student who should be found in them in ever increasing numbers. And it is the greatest encouragement to see that those schools which do maintain good educational methods (and the number of these is growing) are the ones which attract exceptionally well-qualified candidates. Encouraging, too, is it to realize that every step forward in the improvement of the school and the quality of the students, is also of benefit to the hospital with which it is connected, strengthening and advancing all of its work.

Schools of Nursing are of course, justified in using every legitimate means of informing the public accurately about their work. The ordinary methods of publicity are available for them as freely as for other schools and colleges, and in a way more necessary, though hitherto, so far as nursing is concerned, they have been usually used most largely by those having the least to offer. Good service might be rendered by the publication of carefully written articles in some of our best periodicals describing a few of our great historical training schools, discussing the life of the student in hospital and school, and presenting the recent and interesting developments in the professional field of nursing. The work which nurses are doing for the public health, showing its significance and the promise it holds for the future, would be likely to lead many thoughtful women to a new interest in Schools of Nursing and what they have to offer. But, the very best recruiting will be done unconsciously through the students and graduates of our schools. There never was a time in history when so many bright, eager-hearted young women were seeking occupations in which they hope to be able to render some useful service to their fellows, and instead of being

over-looked, our schools ought to be among the most desirable institutions of the world for further educating and training women of such character and such aspirations.

TWENTY-FIVE YEARS OF WORK OF THE
JOHNS HOPKINS HOSPITAL SCHOOL
FOR NURSES¹

THE Training School for Nurses of The Johns Hopkins Hospital was fortunate alike in the period in which it arose, in the city in which it was established, in the institution of which it formed a part, and in those who created and shaped its policy and directed its early growth and development. When this school was opened in the year 1889, the young profession of nursing was just beginning to awaken public interest.

The first sharp impetus had been given in the military hospitals of the Crimea, where, in the middle of the nineteenth century, Florence Nightingale made her astounding demonstration of the place and power of nursing in the reduction of mortality. Following closely upon this came the foundation by her of a school of nursing on scientific lines in a great and famous London hospital, and the rapid extension of her system of training into hospitals generally throughout the United Kingdom. The reforms in them which were initiated through her teachings are matters of history. They demonstrated again with unmistakable clearness the vital importance of

¹ Read at the Twenty-fifth Anniversary of the opening of the Johns Hopkins Hospital, Baltimore, in October, 1914; reprinted from the *Johns Hopkins Hospital Bulletin*, Vol. XXV., December, 1914.

nursing in the conduct of hospitals, and of medical and surgical practice. Some years later, in 1873, this system of training was brought over to America and a modern school of nursing was introduced into Bellevue Hospital in New York City. Its effect upon that venerable institution, which had long been the plaything of politicians and the despair of the charitable public, was as salutary and as striking as it had been in English hospitals. The place was completely revolutionized, and so eventually were the other hospitals which one by one adopted the new system of nursing. Law, order and decency were established, a sanitary régime was inaugurated, the mortality rate was brought down, and the confidence and esteem of the public were brought up. Medical men realized the value of the new ally who stood beside them at the bedside of the sick; the enlightened public was beginning to comprehend that a whole new situation in life had been shaped by the hands, the brains and the spirit of this body of women, who had in a few years wrought in hospitals an almost inconceivable transformation. Temptation to dwell on the devotion and the heroism of the women who did that pioneer work in the hospitals of this country always assails me. I must resist it, but not without urging a study of those stirring pages of history which tell of their labors. Suffice it here to say that many able, educated and gifted women of exalted purpose had been drawn into this new birth of an age-old work; the highest ideals of service and self-sacrifice had been reestablished. Noble traditions of heroism had long existed; but these were now to be transfused with the light of knowledge.

The glow of this first enthusiasm was as yet undimmed when The Johns Hopkins Hospital Training School opened its doors. Not only was it to lead women into a new and

absorbing field of work, but at this time, it should be remembered, there were hardly any other fields of work open to them. Teaching was practically the only profession in which women were occupied in any appreciable numbers. The whole movement for the education of women was indeed in its early years, and some of the colleges of which we are now so justly proud were then just beginning to make their influence felt. Bryn Mawr was in its infancy. Barnard was just being founded, Radcliffe was as yet a dream. The time was a favorable one for the further development of this new work for women which was seen to be rooted in the vital necessities of life, and which had already made so strong an appeal.

The city of Baltimore, with its old-world tranquillity, its scholarly atmosphere, its far-famed hospitality to the stranger and to some of his ideas, had many unique institutions, educational, artistic and philanthropic, but among them there had not as yet appeared a training school for nurses. The field in this city for this new branch of women's education was wide and untouched; the place and the time were propitious. And further, this school was established in connection with a great new hospital, which had become famous in a sense, even before its doors were opened. To its planning many years of special study and arduous labor had been devoted, and it stood as an embodiment of the best thought and skill of the time in architectural form and structure, in internal arrangement, in hygienic provisions. As a part of the noble university which had become preëminent throughout the intellectual world, it was to be a center for advanced scientific teaching and for sound methods of work. Moreover, the training school was not to be a merely necessary factor in

hospital administration, but was an institution as definitely provided for by the will of the founder as was the medical school. His directions read: "I desire you to establish," not "in," but "in connection with" the hospital a "Training School for Nurses." The school was, therefore, to stand on a strong foundation.

The nursing world should feel a peculiar sense of gratitude to that first board of trustees for finding and placing at the head of the school so remarkable a woman as Isabel Adams Hampton. Their instincts were unerring. Miss Hampton brought to her unusual opportunity an unusual breadth of capacity. Educated for teaching, but with leanings towards medicine, gifted with exceptional powers of leadership, she was also an organizer of large and far-seeing vision, an administrator of sound judgment and practical ability, strong in conviction, courageous, firm, and determined in action. She was richly endowed mentally and physically, overflowing with ardent and vigorous life, full of warm and generous impulses and radiant with endearing qualities. She cherished the most exalted ideals of nursing and of its future possibilities.

At the very outset she placed the school upon a high plane, claiming for it a genuine educational status, requiring definite and appropriate educational methods, and assumed the title, not only of Superintendent of Nurses, but of Principal of the Training School. The usual course of training in other hospitals in this country at that period occupied one year followed by a second year of experience in private families. The practical training might be said to be compulsory, while the theoretical instruction was frequently almost elective, dependent upon the student's desire, or the exigencies of the hospital.

Miss Hampton extended the course of instruction throughout the second year; she amplified it, systematized and graded it. She introduced new subjects, such for instance as instruction in dietetics and invalid cookery; she secured opportunities for practical training not offered then in The Johns Hopkins Hospital. Training, for example, in the care of infants was gained at the Mt. Wilson Sanitarium. Attendance at lectures was required; careful note-taking with systematic examinations and tests was instituted. The custom everywhere prevalent then of sending students out into private families during their second year was rejected utterly. The equally prevalent custom of placing students in charge of important wards and other departments was similarly disposed of, and carefully selected graduate nurses were placed at the head of each department.

In doing all this Miss Hampton had not only her own creative energy and ideals to carry her on; she had also the active and sympathetic support of the entire administration. Francis King, then president of the board of trustees, was her warm friend and adviser; and his daughter, Elizabeth King Ellicott, whom we sadly miss here to-day, took up his interest where he laid it down, and was one of the staunchest friends the training school ever had. Dr. Gilman, president of the university, and guardian of the hospital in its infancy, was unfailing in kindly interest and sagacious advice; while no one believed more sincerely in the mission of the training school than Dr. Hurd, the superintendent of the hospital, and no one was more ready to forward its educational work. The coöperation of the medical staff was generous. The members of that first little group of students, of whom the speaker was one, like to remember that their introduction to the mysteries of the

human body came through Dr. Councilman; that theories of infection and immunity were presented by Dr. Welch and later by Dr. Flexner, with characteristic simplicity and clarity; that certain aspects of medical diseases were made known to them by Dr. Osler, coupled perhaps with sundry exhortations of a strictly personal nature. Some of them still treasure their note-books; all of them treasure these memories.

There was one other in these early days, a woman of rare character and qualities, who as assistant and teacher filled a large place in the school for several years. Independent, fearless, loyal to ideals rather than to persons, Lavinia Dock exercised unconsciously an influence which was both strong and enduring, and few connected with that early life had more to do in the last analysis with shaping ideals and giving direction to future activities than this beloved teacher. A student and a thinker with a mind of a peculiarly fresh and original cast, with ideas clear-cut and logical and considerably in advance of the time, there were few of the problems of the training school or hospital, or of the professional life of nurses, to which she could not give illuminating thought. She had an extraordinary way of driving directly to the heart of a matter, pulling out the essential facts in the situation, and showing us the right way to think about them and to deal with them. Her sense of justice was keen, but her sympathies were well-nigh boundless. It has been her chosen task to write of the lives and deeds of nurses in many fields, and she has written the history of this training school with such characteristic self-effacement that no trace of her own years of rare work with us can be discovered. It is important that her share in the upbuilding of our school should be better understood.

Under Miss Hampton's able and fearless direction, and with the assistance and coöperation of those who have been mentioned, and others, conditions were built up which made the school a center of interest. It soon took a commanding position among the schools of this country, and its influence extended widely into other countries. It was looked to for all that was best in the education of nurses, for liberal and progressive ideas, and for informed and correct methods.

The school did much to break down the "splendid isolation," that heritage of cloistered and also of military ideals, which had hitherto been built up about hospital training schools. It created conspicuous traditions of hospitality, and marked courtesy was shown to all visitors from other schools. Every opportunity was granted them for a study of methods worked out here which might be helpful elsewhere. Every effort was made to establish cordial relationships, and to sweep away a narrow and exclusive attitude in training-school administration. The heads of this school constantly studied progress made in other training schools, and in other branches of education.

After five years of extraordinary activity, during which the school was brought forward steadily in every aspect of its work, large ideals of nursing had been established and a fine spirit of fellowship had grown up in the school and in the *alumnæ*, the woman who had so nobly planned and achieved gave up her work and was succeeded by a graduate of the school, who had been her assistant. The broad lines on which the school should develop had been outlined during those years; certain developments had been foreshadowed. The tasks, therefore, which confronted her successor were at the outset those of continuing at its high level an admin-

istration of conspicuous efficiency, of maintaining standards of work already high, and of carrying forward loyally oft-discussed advances with which she was already in the heartiest accord.

Miss Hampton had considered the extension of the course from two years to three, the reduction of the hospital day from nine hours to eight, the abolition of a regular money allowance to students, which was then customary in all schools, and the application of the sum so released to furthering the educational work of the school. These measures, radical in their nature, were all shortly carried into effect with great resultant benefit to both school and hospital. The obvious advantage of having a body of students for three years in training was quickly recognized by hospitals throughout the country, and the majority of them hastened to lengthen the training period, often, to our regret, without regard to the other conditions which should accompany, and would justify such a change. The introduction of the eight-hour day has proceeded much more circumspectly, and it is as yet found in few schools.

A few years later another step forward was taken in the establishment of what is called a Preparatory Course of Instruction, in which prescribed elementary scientific and technical teaching is required before the student may be admitted to the hospital ward. The idea, which had its origin in England, but was very slightly developed there, was here carefully worked out, placed on a dignified and suitable economic basis, and has been accepted as a considerable advance in educational methods. It has been widely introduced into training schools, but has hardly as yet anywhere reached its possible development.

Among other important advances which this school has

made, has been the establishment of scholarships, and it was, I believe, the first training school to recognize the value of such stimulus to effort. We welcome almost annually among the students in Teachers' College at Columbia University a Johns Hopkins graduate nurse, who, as the holder of one of these scholarships, is enabled to secure a year of college work. The example of this school has done a good deal to awaken similar interest in other schools.

Again, the school took up new ground when, in 1900 it decided to require tuition fees from students for a part of the first year's instruction, thus establishing the principle that instruction in training schools should be paid for by student nurses precisely as it is in other schools. The idea has made some headway, and eventually, probably, such measures will be carried further, as one of the important ways through which necessary improvements in the education of nurses may be brought about.

Advancing further along the same line, the school began to pay for instruction and to place some of the various subjects in the hands of carefully selected and salaried lecturers and teachers. Only those who have carried on a school where every course of lectures was somebody's kindly voluntary contribution, and nobody's regularly stipulated task, can realize what this particular reform means. The custom of paying proper fees or salaries to lecturers and teachers has now been adopted in a good many leading training schools and is growing steadily.

To the literature of nursing, the staff and graduates of the school have made notable contributions. *The Principles and Practice of Nursing*, published by Isabel Hampton in 1893, was the most comprehensive text-

book on that subject which had so far appeared. The *Handbook of Invalid Cooking*, by Mary Boland, was the first substantial work on that subject. *The History of Nursing*, while published later under joint authorship, was very largely the work of one, Miss Dock, who had also some years before contributed the first *Materia Medica for Nurses*. A handbook on Visiting Nursing in the United States, by Yssabella Waters, was the first attempt to classify and arrange reference material on this subject.

Within the twenty-five years of its life there have been three changes in the administration of the school, and in each instance the choice of a superintendent has been from its own graduates. The usefulness of the school has grown steadily; it is vigorous and flourishing; it holds a position of unquestioned importance in the nursing world; it is still looked to, not only for standards of work, but for light and leading on the many problems, old and new, of training-school work and administration, of hospital and community relationships, with which nursing anywhere at present is concerned. The moral influence alone which this school is able to throw into the scale where important issues are being weighed is a power so great that it carries with it a peculiar responsibility. Neither this school nor other schools can afford to have it diminish. It has been, for instance, of decisive value to be able to point to the attitude of The Johns Hopkins School on the question of hours of duty in places where the struggle for an eight-hour system was going on.

The work of the school has increased greatly both in volume and in difficulty, as large new hospital departments have been added, but this is offset by the great educational advantage they offer to students of training in the Children's Hospital and in the Psychiatric Clinic.

There is now, I understand, no branch of modern nursing in which the school is not prepared to give admirable instruction and training. The little group of seventeen students of twenty-five years ago has grown into a student body of about two hundred. There were then seven members of the administrative staff; there are now about fifty.

The school has graduated between six and seven hundred students now widely scattered through this and other countries. Looking at the general high character of this body of women, recognizing the sound quality of their professional work, and knowing well the rare and valuable services in special fields rendered by many of them, one becomes impressed with the way in which the school has so far served the purpose for which it was founded. Visions of some of these women and of the work they have done and are doing arise. One thinks of Clara Noyes and the stupendous burden which she carries as the head of one of the greatest municipal training schools, historic Bellevue in New York, which gave us our Isabel Hampton; of the twenty years and over of devoted and valuable service which Georgia Nevins has rendered in the upbuilding of the Garfield Memorial Hospital, Washington; of Ada Carr and Mary Lent and of the work in the poorer districts of Baltimore which they have built up, of the honorable place which that work holds in the opinion of the public, and of the affection in which they personally are held; of Carolyn van Blarcom and her excellent contribution to work in the prevention of blindness. Her recently published study of Midwifery is accepted as a valuable addition to the literature of that subject. And in other countries one sees Grace Baxter, at her solitary post in the old hospital in Naples, holding up against the traditions of

centuries, modern standards and ideals in nursing; while in the Far East Etha Klosz is editing the Nurses' Journal of India, inspired by love of her profession, to add thus to the cares of her household and her small family. Many other names come to mind of those who have also done noteworthy work.

In hospitals, in training schools and in various forms of public-health work about one hundred of our graduates now appear to be occupied. A study of this group shows them in the main to be a body of able, high-minded and progressive women, a genuine asset to any community in which they may be placed. Through these workers the influence of the school is extending widely in many directions. Roughly speaking, about twenty-five per cent of our graduates have married and thus doubled their influence wherever they may be. They are among our most public-spirited and devoted members.

While a large proportion of graduates, about sixty-five per cent apparently, are engaged in private nursing it seems evident that the number so occupied is relatively, diminishing. The growing tendency on the part of all classes to go to hospitals in illness seems to be carrying the private nurse out of homes and into special forms of institutional work. The changing status of the nurse in private work, and the tendencies which are bringing nurses into work concerned with protecting health under municipal or state control, give a different cast to their activities and provide an entirely new outlook for them which will probably eventually have a considerable bearing on methods of education and training. The idea, for instance, of a corps of nurses in the public schools was undreamed of when this system of training was established. Yet they are now

found by hundreds in schools, city and rural, throughout the country, and are in places being pressed into the teaching force, as instructors in elementary personal and practical hygiene.

The Alumnae Association, of which a very large proportion of the 660 graduates are members in good standing, was formed very early in the history of the school. It has been of inestimable value in binding the graduates together in good fellowship, and for united effort in maintaining good professional ideals. It has established a club, and a successful registry, has built up funds for the protection of its members, and has been a generous contributor to various outside educational philanthropies. It has recently given about \$2000 to the Isabel Hampton Robb Educational Fund, which provides scholarships for the higher education of nurses. For years it has published a magazine of an excellent type.

Measured by its immediate contemporary usefulness, this training school is one of the most important institutions which your city holds. In the greatest hospital it binds closely together all departments in an ordered life and carries forward, day and night, work of paramount importance to human welfare, to medical teaching and to scientific advance. In the greatest crises of life, both in this hospital and in your homes, the school plays through its graduates an increasingly beneficent part. Measured by its wider usefulness, the school may be truthfully said to have exercised an influence upon the education and training of nurses in this country, which has been remarkably wholesome, helpful and stimulating. It has constantly striven to uphold truly high ideals of professional life and work, and to dignify the status of nursing.

As one who has known the school from three stand-

points, first as a student, then as an officer of the school and hospital, in different capacities, and finally as its head for many years, I feel that one less intimately connected with its history might give a clearer picture of its growth and influence, and I am conscious that my most serviceable opinions have come as the result of seven years of watchful and affectionate interest, as a kind of bystander. In looking backward upon the splendid quarter of a century of work accomplished, of difficulties met and conquered, of continuous and inspiring progress, my affection and admiration for the school are renewed and strengthened. I see her now bending her energies to the solution of new problems and building as nobly in the future as she built in the past.

Some of the largest and most fundamental problems in nursing are as yet untouched. Take one of them: there is not one single endowed training school for nurses in the whole wide world. All training schools are self-supporting institutions, and most of them are ample contributors to hospital support. This should not be. A sounder economic basis eventually all schools must have. Every training school should have its own appropriation, prepare its own budget, and be accorded an established and dignified economic position. The principal of any training school should know, just as the head of any college department knows, how much money is to be at her disposal during the year, and it should be sufficient for the educational work she is held responsible for doing. The hospital should not be constantly under the painful necessity of weighing every request from the training school against obviously needed things, improvements or appliances which are essential to the very life of the hospital. Could the twenty-fifth anniversary of The Johns Hopkins Hospital Training School

for Nurses be more appropriately or more justly celebrated than by beginning to provide her with a suitable endowment? For whatever direction the future of nursing may take, nothing appears to be more certain than that it will increase in opportunities for public service of a varied, unusual and important nature, and that the education and training of nurses for such service cannot remain cast in an unchanging mold. Nor can it change greatly until we abandon the present gospel of utility to the Hospital and establish a new one, the gospel of freedom to educate. The necessity of endowments for training schools was eloquently urged by Dr. Hurd a few years ago. How fitting it would be to have this school lead the way in so great an advance. Could our large and important *alumnæ* render any higher tribute to their beloved School than to strengthen its power to meet well those needs of humanity for whose service alone it exists?

THE RESPONSIBILITIES OF HOSPITAL TRUSTEES¹

WHEN President Wilson said the other day, in one of his most delightful speeches, that in writing a paper he not only uses all the brains he has, but borrows all he can collect, he must, I imagine, have given a moment's satisfaction to a large number of people. I, for one, find it a genuine comfort to follow, at a vast distance, his illustrious example and say at the beginning of this brief paper that I have used all the brains I have and borrowed all I could lay hold of, in the endeavor to say something worth your hearing on the subject of Hospital Trustees and the Training School for Nurses. On this particular subject, however, it has not been possible to borrow much, because, beyond Dr. Howland's valuable paper on "The Obligations of Hospitals and the Public to Training Schools for Nurses," little has been written dealing with the training school as a special problem in hospital administration, requiring in a very special sense the thought and care of the hospital trustees.

The best available other material is that dealing with university trustees, and it has been interesting and help-

¹ Presented at a meeting of the National League of Nursing Education held in St. Louis, Mo., April, 1914.

ful to find out what is thought by men who have been closely studying the government of educational institutions. President Eliot, formerly of Harvard University, in his work on *University Administration*; Mr. Pritchett, President of the Carnegie Foundation in various reports: several eminent authorities in Professor Cattell's recent book on *University Control*—all deal in various ways with the province, responsibilities and powers of trustees. There is not much difference of opinion as to the kind of men who should fill this office, and the composite picture of a good trustee is of an educated man of affairs, representing the soundest element in the community, of good judgment, of deep interest in public welfare and of such unquestioned integrity that he will not profit personally by his trust.

There also emerge a few pictures of other types of trustees who obviously should not hold this high office. These arrive through political favor or personal ambition and use their trust to pay political debts or forward personal interests; or they are sometimes men of means whose gifts may be their sole contribution; or purely business men, who would apply rigid business methods to every aspect of life and work. Most boards appear to be made up of a combination of these types, and educational institutions do not seem to be much more free from this element than do the charitable institutions with which we shall particularly deal.

Of any such institution the trustees are the heads and the true source of power. They establish the policy, hold and manage the funds, appoint the officers and enact the rules and statutes; the final word and authority on every question rests with them. They must start the machinery, study it and safeguard it in its workings, constantly examine its results and answer to the com-

munity for its failures. And there does not appear to be any straight way of evading or shifting this responsibility once it is assumed. It may be divided—usually it must be—but it is not thereby dissipated; each member is as responsible as the other for the whole. It may be delegated—it must be, in the control of great institutions; but the law will hold that the act of the agent is the act of the principal.

This view of the powers and responsibilities of trustees should be clearly understood by all heads of training schools, and those who anywhere are struggling with peculiar difficulties in handling the peculiarly complex problems of training school work should not be under any misapprehension as to where the ultimate responsibility for the training school lies. The superintendent of nurses is an agent of the trustees, who have appointed her; the policy of the training school is the policy of the trustees, who have accepted and sanctioned it; and squarely upon their shoulders rests the final responsibility for its success or failure. This fact does not in any sense lessen the direct responsibility of the superintendent of nurses for the adequate fulfilment of the duties she has undertaken, for doing the very best she can with the materials at her command, but it does make it necessary that the trustees should have a correct understanding what is actually happening in the school. It should be due to no lack of moral courage on her part, to no weak and silent acceptance of wrong conditions, when the trustees remain ignorant of matters concerning the training school about which they should be informed. The first difficulty in the situation appears to be that in most schools there is no regular, direct means of communication between the trustees and the school of nursing. Such a committee of the board as is commonly

provided in most educational and charitable institutions for all large and important divisions of work, is omitted, so far as the training school is concerned, in the organization of most hospital boards. Yet it is probably safe to assume that few boards of trustees act to-day upon anything, except business of a routine nature, which does not come to them through one of their committees, standing or special.

Now I have watched for years, able and devoted men who, as trustees have given generously of their best in time and thought to the problems of our great hospitals, but I have long felt that this preëminently important division of hospital work, the training school for nurses, has been singularly overlooked by them. Toward it, they have nowhere as yet fully met their responsibilities. I would go even farther and say that in many instances they hardly seem to be conscious of having any special responsibilities. The absence of training school committees, or any other bodies charged with special responsibility for the school; the absence of any definite financial appropriation for the needs of a school; the absence of proper provision for the most common, well-recognized school equipment, such, for instance, as suitable class and lecture rooms, adequate libraries and teaching material, properly equipped teachers; the entire subordination of the work and life of the students to the needs of the hospital; the indifference to desirable educational standards and ideals in nursing, which it should be the school's first function to develop and cherish; all these things do, I think, when carefully surveyed, lead one to the conclusion that trustees of hospitals have nowhere, as yet, grasped the idea of responsibility for the schools they control. If the same trustees were acting on boards of schools, not

connected with hospitals, they would take it for granted that such fundamental needs for school work must be provided, and would find ways and means of securing them. Instances are, in fact, known of trustees holding office simultaneously on boards of universities and of hospitals. As university trustees, they forward wholeheartedly every educational measure and advance. As hospital trustees, they ignore almost completely the fact that there is in the training schools under their jurisdiction, a similar, definite educational problem involving precisely similar and definite obligations and responsibilities.

The hospital has taken over the education of nurses as its function and its right. In its educational capacity it controls virtually the whole system through which over 30,000 women are to-day being prepared for a profession of growing importance to society. To fail to understand this is not really intelligent, and certainly men would hardly expect to succeed in the conduct of their business if they did not look farther into the future than do the trustees who permit the training school for nurses to be looked upon merely as a "maid of all work" to the hospital. Such a policy is not merely shortsighted and unstatesmanlike, it is suicidal for the hospital. For in the long run it is practically certain to destroy the spirit and the ideals of the women working in it, and to keep from it or drive from it the kind of women who are most needed. The strength of our hospitals does not depend upon imposing buildings or elaborate equipment—it depends upon the spirit and the ideals of the men and women who do its work, as well as upon their ability and skill. To fail to appreciate the importance of the training school, to fail to foster its legitimate educational work and progress, is unworthy of

the men who, in other relations of life, show conspicuous acumen and generous public spirit. Trustees cannot afford to have graduates who, because they are dissatisfied with the conditions under which they were trained, go out of our best training schools and advise their sisters and friends against nursing as a profession. They cannot afford to have said, as was said to me by a man well-known and influential in philanthropic work in New York, "I would not allow my daughter just leaving college to enter any training school for nurses, because I have such contempt for their educational methods."

Now there are ideas afloat, and rather prevalent they are too, that clear thinking on this particular subject is difficult, because the training school on its present basis is of considerable financial value to the hospital. It always saves expense: it often, in addition, is made to produce revenue. To free it, to place it where it belongs, would mean expense. It would mean at the very outset the provision of paid service for a certain—in some hospitals a considerable—proportion of the miscellaneous routine work now done by pupil nurses and miscalled education in nursing. There can be no question that the proper conduct of a training school means expense, precisely as does the conduct of other good schools. The students should, of course, help meet this, but not necessarily always by substituting labor for tuition and other fees.

But frankly, I find it difficult to accept the idea that the whole question is one of money. There are other things bound up with it—tradition, custom, habit. I am inclined to believe that our trustees have become accustomed to looking upon the school purely as the nursing department of the hospital, and its usefulness and convenience in that capacity inhibit, as it were, any larger

vision of its functions. Its needs, above and beyond those with which the hospital is immediately concerned, stand far in the background and are obscured by the urgent and continuous needs of the hospital for such service as the school can be made to supply.

Viewed as the nursing department only, the school, along with the other hospital departments, falls quite naturally and wholly under the jurisdiction of the superintendent of the hospital. He is the authorized and usually the only channel of communication between these departments of the hospital and the trustees. What he thinks, they are apt to think; what he advises, they usually try to do; his policy becomes theirs. This was made very clear to me several years ago by one of the trustees of an important hospital. "We turn," he said, "to the Superintendent for advice. We expect him to tell us what to do, and then we try as far as possible to do it."

Now it is not my intention to venture even a little way into this complicated matter of hospital administration, save to say that anyone familiar with administrative work must lean sympathetically towards a system which provides a clear-cut organization of departments and centralizes authority over them. But from this point of view, the more perfectly and completely the school serves the hospital, the more valuable it is as a measure of administrative economy, the more essential it becomes as a part of a smooth running and efficient machine which is the delight of the efficient executive. This attitude toward the school has come to seem to me natural and almost inevitable. For I have noticed that even nurses who become hospital superintendents are (with a few exceptions) as apt as others in that position to become more interested in the management of the hos-

pital than in the education of student-nurses. Special concern or solicitude on behalf of the training school is lost in the effort to manage hospital affairs efficiently and economically.

Now if the superintendent of the hospital does not see the training school in its true dimensions he can hardly be expected to deal adequately with its problems; still less is he likely to be able to present them for solution to the trustees. And if the superintendent of nurses has no regular, open, authorized means of presenting these problems herself to the trustees, in what an irrational, untenable situation is she placed. Quite recently the superintendent of a training school said that she believed nearly all of her troubles would cease if she could have direct, open access to her board of trustees—as direct as that enjoyed by the superintendent of the hospital, and without the necessity of having the needs of her school translated either through the superintendent or the medical staff, and lost occasionally in the translation, or else inadequately presented.

Without being quite so confidently optimistic, I am yet convinced that a direct relationship between the trustees and the training school, through its own head, is necessary for a sound governmental policy. The best practicable way of providing this at present seems to be through a standing committee with rather special functions and powers. It is true that some schools which are provided with such committees (and there are a few) do not appear to derive marked benefit from them, but that would be offset by the number which do derive benefit, and would not affect the soundness of the principle. It is equally true that some well-known schools seem to be getting on pretty well without such committees, but that is usually due to the liber-

ality and intelligence of the existing administrative officer, who at any moment may be replaced by one of an entirely different calibre, under whose control the school may be helpless in maintaining proper standards.

It is clearly the responsibility of the trustees to have a policy for the training school, to define it and to maintain it, materially and financially, as well as in a moral and ethical sense. And I know of no better way than through the formation of a good strong committee of the trustees and others as the first step. Through such a committee many of the problems with which discouraged and disheartened heads of training schools are now ineffectively struggling might be studied and probably in some measure solved. At least they would have the satisfaction of knowing that these problems were known to the authorities. The problem of lack of suitable applicants to the school, for instance, is clearly a question for the trustees, but they should not be willing to attack it without such a serious and careful study of the whole situation in which the school is involved as will enable them to understand what they are about. For lack of applicants is a symptom, and the causes may not be easy to discover; they may lie partly in and partly outside the hospital, and the serious study of this one crucial problem may help in discovering others and pave the way to much needed reforms.

The trustees, acting through an alert and interested committee, could study the needs of the school on its merits as an educational institution with important work to do, quite apart from the requirements of the hospital for service. I question very much if either hospital superintendent or training school superintendent could alone make such a study. Certainly not while engaged in active service—they could not see through the smoke.

Such a committee could, after appropriate study in co-operation with the principal of the school, plainly lay down a budget for training school expenditures, and either secure from the trustees adequate financial appropriations for obviously necessary work, or seek them from friends of nursing and believers in the education of nurses outside the hospital.

Every training school should have at its disposal such funds as it needs for its work, and the spectacle of its superintendent and principal pleading for a few necessary books, or for a single full-time teacher for the students of the school, should become so rare as to fade even from our memories. Such a committee could find ways, perhaps, of upholding the superintendent of nurses in her efforts to maintain suitable standards of education for admission. I am no advocate at present of high educational standards for admission to training schools. College education is absurdly out of the whole question, though our schools should be so conducted that women with college training will more and more desire to enter them. Not even a definite high school requirement can be made as yet, because in our present state of education throughout the country that is plainly impossible. Nevertheless, the bulk of our students should have had full high school work, or an acceptable equivalent for it, and we should be steadily working in that direction. We should not any of us be willing to admit to this serious professional work women whose school life has ceased at thirteen or fourteen years of age.

Finally, the trustees, through such a committee, should watch the tendencies of the day; they should know what the graduates of the school are doing, and what new fields of nursing are developing, under the influences of medical thought and sanitary science, which

call upon the school for changes in its methods, or enlargement in its work. There are new and imperative demands made upon the nurse of to-day, and her work in the hospital is usually her only preparation for them. No sensible person would wish to change suddenly or radically a system which has been the growth of years. It was probably the best that could be done under the conditions and at the time, but it may not be the best that can be done at a later day and under markedly changed conditions.

I see before me the vision of a school working out its educational ideals with complete freedom, adjusting its measures in response to the carefully ascertained needs of the community, and offering a quality of education and training which command the entire respect of the public. I see the training school possessing complete autonomy as a school and yet carrying on a very large portion of its work in the hospital. The body of students is working devotedly in the hospital, eager to secure the rich opportunities for knowledge and training there given. The whole system is carried out with the most frank and cordial relationships and in the finest spirit of coöperation, each benefiting by what the other has to give, each dealing justly and honorably with the other. And it seems to me unquestionable that a better understanding by our trustees of training school problems and ideals and of their responsibilities toward them may bring this vision nearer to reality.

THE OBLIGATIONS OF OPPORTUNITY¹

NO one of us, I suppose, will feel disposed to question the truth of the assertion that our obligations in life do arise out of our opportunities and are largely shaped by them, and that those who have benefited by exceptional opportunities of any kind are expected, and rightly, to make a larger and better contribution to the well-being of society than those to whom such advantages have been denied. We can think of at least three groups in society who undoubtedly have command of unusually wide and varied opportunity—those of high birth and social position; those who have great riches; those who have acquired great knowledge. The tradition of centuries holds that a peculiarly compelling sense of obligation rests upon those of high station. It is embodied in the old French phrase, “*Noblesse oblige*,” “The nobly born must nobly do,” and we have seen the expression of this idea a thousand times over during this war in watching the generous ardor with which the men and women of the nobility have given themselves to the service of their several countries.

As to wealth, its possession always imposes heavy obligations, and few things in our present generation

¹ An address given before the graduating class of the School of Nursing, Lakeside Hospital, Cleveland, Ohio, May, 1916.

are more striking than the march of public sentiment in this direction. The enormous gifts to the support of education and scientific research, to philanthropic and social institutions, to the working out of social problems, reflect this spirit and show the extent to which it prevails. There is, in fact, hardly anything more disturbing to our sense of right and equity than to see the tremendous opportunities which riches provide, placed in the hands of those who acknowledge no commensurate obligation or responsibility, who either will not or cannot use such power for their own or for the public good.

The supreme opportunity in the world, however, is intellectual, apparent evidence to the contrary in this distracted hour, notwithstanding. Our whole system of education is fashioned on this belief. We have made it universal and compulsory in order that this door of opportunity may be closed to no one,—and we have carried it far into the realms of knowledge by building up great systems of colleges, universities, professional schools, so that many doors of opportunity may be opened, and widely, many kinds of human ability be developed, many persons lifted to a high plane of usefulness and power for service.

The two consuming desires of our time are for more knowledge, and for the power to render larger services to our fellows. The sense of obligation on the part of educated men and women to render some fitting return to society for the privileges they have enjoyed is an ever deepening one, and accompanying it on the part of the public is a quickened sense of expectation that such obligations shall be met,—an indignation when educational advantages seem to have resulted in producing persons incapable of rendering useful service, or animated by no desire to do so. In particular are those

forms of education which lead to our occupations and professions being subjected to questionings, and the questions asked not only concern the amount of sound knowledge or of technical skill which the professionally trained man or woman is enabled to bring to the task, but people are asking how that knowledge is going to be used. What is the point of view of those professional persons as to their own obligations? In a word, what are their ideals, moral values, standards?

In a brilliant little address made a few years ago to a graduating class of medical students, Mr. Kipling undertook to speak for the public on this question so far as the profession of medicine is concerned:

"All sane human beings," he said, "are agreed that this fight for life is one of the most important things in the world, and it follows therefore that those who control the fight, namely, doctors, must be among the most important people in the world." "In all times of flood, fire, famine, plague, pestilence, battle, murder, and sudden death, it would be required of them to report for duty at once, to go on duty at once, and to stay on duty until strength failed or conscience released them."

The world decided long ago, he said, that doctors have no working hours which anybody is bound to respect, and nothing excuses a doctor for refusing to help mankind in need at any hour of day or night.

"These," he said, "are some of your obligations and there is no prospect of their growing lighter. It seems to be required of you that you must save others; no one has laid down that you need to save yourselves."

And he concluded by declaring that he would not try their patience by talking about the high ideals and

lofty ethics of a profession which expected from its followers the largest responsibility and the highest death rate of any profession in the world.

How those students must have been thrilled with pride in a profession of which the world expects so much. I shared their pride and immediately applied the picture to nursing. For the world expects us also to respond unflinchingly to the call of duty, to stay at our posts while strength holds out, to give our best effort in unstinted measure, and with self-forgetful devotion, and to surrender personal desires and interests to the claims of duty. I submit, that on the whole, nurses have, throughout the years, met these obligations not unworthily, and I am not among those who are apprehensive lest these exalted ideas of duty should fail among nurses,—first, because the natural impulses of women are on the whole in that direction. They do bring into their work, and not only into nursing, a high morality bred into them, one hardly knows how. It would be a poor observer who failed to see that, on the whole, high ethical standards are governing or influencing the lives and work of most nurses, and I am pretty sure that obligations of this nature will be the last which nurses generally will forget.

There are various reasons for holding this view, but foremost among them stands this enduring one,—the inherent needs of the situation, the sufferings, the problems, the crises in life which nurses have constantly to meet. And I am equally sure that the ethical and moral aspects of their work are those which nurses are the least likely to be allowed to forget. I can therefore with easy conscience take up briefly some of the other obligations arising out of the great opportunities which nurses undoubtedly have, believing that we need to

account very strictly to the world for their proper uses. These relate to our choice of task, to the quality of the service which we are to render in it; to our own growth and development in our work, and to the contributions which we as nurses should make to the growth and improvement of our profession.

I think perhaps it may be well just here to mention a cherished tradition concerning nursing which seems to me to have long resisted attempts at dislodgment. This is the tendency to assume that pure goodness is the quality of paramount importance in nursing. It is of course of enormous importance, not only in nursing but in every phase and relation of life. We cannot get along without it, but neither can we accept it as a substitute for intelligence. Dr. John Erskine, in a recent number of the *Hibbert Journal*, writes most interestingly of this matter, under the title of "The Moral Obligation to be Intelligent." Courage and steadfastness, he says, we cannot do without so long as two men dwell on earth, but it is time to discriminate in praise of these virtues. If you want to get out of prison, what you need is the key to the lock. If you cannot get that, have courage and steadfastness.

What is needed by nurses at every turn in their work is the key to the lock. No higher obligation rests upon nurses to-day than to give serious and intelligent study to the problems of various kinds, educational, economic and professional, which have arisen in the development of nursing. The interdependence which exists between nursing and medicine is so close that it has been recently described by an eminent physician as practically "unique in human affairs." For not only is the progress of modern medicine dependent upon properly educated nurses, but nursing itself depends in turn for much of its devel-

opment upon the progress of medicine. The interdependence which exists between nursing and modern social work is also very close, and certain branches of it cannot be carried on without the coöperation of adequately prepared nurses, while conversely, nurses, especially in public health work, are greatly dependent upon the sympathetic and intelligent coöperation of social workers.

The advent of nurses into the public school system to make medical supervision a reality instead of a formality, has established a definite and permanent relationship between nursing and education. It is because of the progress of medicine and sanitary science, the strengthening of social vision, and the further development of educational ideals, that opportunities for varied and important service to society are now spread open before nurses in almost embarrassing profusion.

Roughly speaking, there are at present four great branches of nursing. They are administrative work in training schools and hospitals, teaching in them, public health work, and private practice, and each of them has a good many subdivisions and special lines of effort. There are said to be about thirty distinct forms of activity in which nurses are now engaged—and I think that a reasonable estimate—while the advances in medical, sanitary and social sciences which are steadily being made, foreshadow a further widening of the nurse's horizon. I do not indeed know of any profession, any occupation, which approaches nursing in richness of opportunity. The choice of task in life which awaited a young nurse graduating a few years ago was a comparatively simple matter, since there were but two general lines of work available. To-day that choice has become a complicated matter, and the obligation rests

upon the young nurse, of choosing wisely, of using all the intelligence and good judgment at her command, of looking as far as possible into the future, and seeing where a chosen task is likely to lead her, and of estimating on some rational basis her own ability and powers.

Now the hospital training school has indeed done a wonderful thing for that nurse. It has provided her with a great opportunity in life. For that group of buildings in which she has been living, working, studying, is no ordinary place. It is a sort of living memorial, and there is built into it the courage, the devotion and the genius of the men and women who successively have walked those wards, have toiled faithfully in them by day and by night for the relief and the betterment of others. The most tremendous struggles in life go on here continuously, and life's most intricate questions may arise as a part of any day's work; for people of all ages and races, and of every social level, bring to the hospital door not only their physical miseries for relief, but many other pressing problems for solution. To share in so great an experience in life constitutes that high privilege which the nurse in training has above all other students of any profession whatever, except of medicine, and even for them our beloved Dr. Osler in one of his addresses coveted the superior opportunities for study and experience which the pupil nurses enjoyed.

When my course of hospital training was ended many years ago, I was offered a head-nurseship, a position which I held in different wards for two years. With what new understanding would I to-day look upon the opportunity to become the head nurse of a hospital ward. What obligations would it seem to place upon me. For there, is provided a system of hospital and training school administration in miniature. There, is that separate

unit of the hospital; planned so, because of its special work, with peculiar problems of its own, but with most of the conditions and activities in a small way which the hospital has to meet and control. There, are the questions of structure and equipment, sanitation, of income and outgo, of waste and repair. There, is a definite organization of labor in the work of the head, staff, students, of maids, orderlies, cleaners and porters. There, are the daily matters of food, clothing, linen and household supplies, of surgical, medical and other supplies for the sick and the relations these bring about, the questions they create, between the ward and kitchens, linen room, pharmacy, laundry. There, are the official records to keep, and there, in the friends and families of the patients, are social relationships of the utmost importance to maintain and to study; for a hospital is above everything a social institution.

And in addition to all of these aspects of the situation, yet bound up at every turn with all of them, comes the teaching and training of student nurses, leading them forward day by day into a surer grasp of the principles and the methods of nursing, a higher skill, developing new and unsuspected powers,—helping to make them fit for life's uses. What a school is a hospital ward—what training it offers in the power to handle the immediate task and to see beyond it; to learn to put things in their places in life; to divorce the essentials from the non-essentials; to learn in a word the difficult and painful but noble art of government. Such an opportunity for advancing in work should be eagerly grasped at. But how great the obligations upon the young head nurse to use in the right way this great chance, and not to look upon it as the casual experience, unrelated to the future, affording merely some gratification of one's sense of

importance, a chance for that "little brief authority" which nurses, in common with many other quite normal and healthy human beings, dearly love. The responsibility of making this period of head-nurseship a real phase of education, fruitful in every feasible way, rests not alone upon the head nurse, but should be shared by the entire administrative body of hospital and training school.

But the hospital training school was really created primarily not to solve educational but administrative problems in the hospital. It has been shaped, and is still being shaped, with that end in view, and while through this method its students are provided with a training field of incomparable interest and practical value, which we should never underestimate, there are certain disadvantages and difficulties from an educational standpoint, inherent in such a system. The school is actually cut to fit exactly the work which the hospital has to do, but the hospital is not cut to fit a good deal of the work which nurses have to do in the world after they leave the school. And the school can only make changes and developments in its work through the hospital, which wants to change in its own way and its own time, but certainly not, usually at least, to meet the needs of its training school. And there you have it! The problem of nursing education in a nutshell.

I spoke a few moments ago about the many types and forms of work into which nurses are being drawn, and the number is increasing. Nurses are recognizing their own inability to meet the requirements or to develop the possibilities in several of the more important lines of public health work. They are meeting entirely new problems and situations for which their hospital training could not have provided preparation, and before these

new and peculiar tasks and problems can be adequately handled nurses must try to find some way of supplementing their hospital work by further and special instruction. Well, now, there are not many places where any such instruction as is needed can be had. It is scattered about in schools of Philanthropy, in the training districts of Visiting Nurses' Associations, or in some department of the University, and some, as you know, is gathered together in that precious Department of our own at Teachers College, Columbia University, New York, which grew out of the vision of the nurse whose memory is dear to all of us, Isabel Robb.

But there are some five or six thousand nurses already engaged in public health work. In New York City alone over one thousand nurses are so occupied. A very large number are at work in the public schools safeguarding that most precious thing, the health of our children, and it seems probable that the time will come when every school in the country, rural as well as urban, will require the help of the trained expert nurse. There must eventually be thousands of nurses in this one branch alone of public health work. Moreover these newer branches of nursing are greatly liked by nurses. They open up spacious avenues for useful, interesting and changing activities; they offer free play for all the originality, initiative, and mental resources which nurses may possess; they bring about many helpful and strengthening social contacts, and finally as public health work becomes better organized and developed, positions of a supervisory nature are being created and established which call for a high degree of leadership and are a continuous challenge to the largest capacities which nurses can bring to such tasks.

It is evident that the few places offering, or able to

offer, special preparation to graduate nurses wishing to enter the field of Public Health or Social Service, can provide for but a mere fraction of the number of nurses which will be needed. There is therefore a quite natural tendency to turn to Training Schools to ask if some better preparation for so large and important a branch of nursing cannot be included in their scheme of training. Some slight attempts are being made in this direction, but the difficulty under the present system of establishing in training schools a suitable body of instruction, or of providing the vigorous direction necessary for such work, is obvious. Where the Training Schools is connected with a university the difficulty is greatly lessened, but even there, and under most favorable conditions, instruction and training in Public Health work offer as yet all the problems inherent in working out a new phase of education.

Throughout the whole field of Public Health Nursing, one fact stands out more and more clearly, and it is that the development of this field in many important ways is being profoundly affected by the work of our Training Schools. A new test is being applied to their product from every standpoint; for in this field nurses are needed who bring not only a special training but a much sounder preliminary education than most hospitals think it necessary or are able to require. College women with nurses' training are asked for continually, and some way must be found of making it worth while for more of them to enter our Training Schools.

The intelligent direction of a system is surely open to question which admits to its schools on precisely the same basis the applicant with one or two years of high school and the woman with a degree from a good college, and puts both of them through precisely identical

courses of instruction for exactly the same length of time. It is putting a premium upon ignorance. And it is not only in Public Health work that highly educated nurses are wanted. They should be found at the head of every one of the several hundred Training Schools throughout the country, and the entire administrative and teaching staff of such schools should be and will eventually be, I am confident, composed of women of such superior education and special training. In those schools which are now under the guidance of nurses so prepared, the advances and improvements going on are noteworthy. They are driving straight to the heart of the problem and striving in every available way to draw into their schools a better type of student—one who can bring a reasonable degree of education and who is otherwise suitably qualified for the work which nurses have to do. For students of such a character are the bed-rock upon which all of our further work and progress must rest, and without them our efforts to improve our profession, and to lift it to a higher level of usefulness, dignity and public respect, will be of little avail.

Only as we can draw into our Training Schools women filled not only with a burning desire to render service, but with mental capacity and vision, ready to prepare themselves by much further study and many sacrifices, if necessary, for the more difficult, responsible and intricate tasks in our work, can our beloved profession be enabled to render its highest and best service to humanity. We need many nurses capable of such further study, of venturing into the as yet unexplored fields of nursing (and they are many), of working with the scientific spirit toward the solution of our problems, eager to find the truth.

That good friend of ours, Dr. Henry Favill, whose loss we so deeply mourn, dwelt on this point in a recent address.

"Nurses," he said, "do not go on, they do not study, they do not strive to develop themselves and thereby raise themselves from being merely skilled workers to members of a learned profession. It is not within the power of anybody to bring that to pass but nurses themselves."¹ And this, I suppose, is true on the whole, but those of us who are watching anxiously the signs of the times, see room for hope in the ever increasing number of nurses who are finding a way to our college every year for just such further study; in those large classes of training school workers who are endeavoring to improve their methods by attending our evening classes; in the number of nurses eager to make up the deficiencies in high school work, in order that they may enter the college, in the very large number of nurses seeking post-graduate training, and in those who, tied closely to their daily exacting tasks, are snatching at every fragment of opportunity for intellectual improvement which comes their way.

We also find ground for encouragement in thinking of the fund for purely educational purposes which nurses have raised to the memory of their beloved leader, Isabel Robb. That fund now approaches \$30,000 and the interest is used to provide scholarships for nurses desiring further study to fit themselves for higher posts. The fund has already helped twelve nurses of exceptional promise to the privilege of one year of advanced college work. Such later work must of course be built upon

¹ "What the Medical Profession can Contribute to Nursing Education." Henry Baird Favill, M.D. *The American Journal of Nursing*, January, 1916, p. 296.

the groundwork of a good general preliminary education, and it is our constant regret that we have to deny a good many excellent women who have gone through hospital training schools the advancement they seek, because they can bring no suitable basis in education upon which it is possible to build.

But no efforts in any direction fill us with a deeper satisfaction than those which the Nurses' Alumnae Associations of the Johns Hopkins and the Massachusetts General Hospital Training Schools are making to secure adequate endowments for their Training Schools and thus to open up new pages in history for them. They are here bravely shouldering the obligations which their opportunities in life have laid upon them.

Let me here include a word on the important subject of private nursing. There is some evidence that the demands here are being satisfied. A study of registries shows that in a good many places some nurses are unemployed for a considerable proportion of each year. As one statistician recently put it, "It appears that this section of the country has more private nurses than it can absorb." There will be many places of course where this will not hold true, but the tendency on the whole appears to be in this direction. It is quite important it seems to me for training schools and nurses' registries to keep in pretty close touch with each other. Training Schools naturally should want to know what their graduates are doing, how steadily they are employed, where they are distributed, where they are failing, and why, and where they are succeeding. The registry can supply a good deal of this information and is a very useful index to the nature and variations of the demand. This whole question of private nursing is one that needs our careful study.

In attempting to present to you some sort of a picture of the present situation in nursing, I am impressed afresh with the importance of its problems and with the peculiar difficulties which will arise in trying to solve some of them. Upon the trustees and other authorities of our hospitals, and upon the medical profession in particular which is itself served by every improvement in nursing, the obligation to work steadily toward a just solution of these problems rests heavily. I am sure they are not unmindful of it. But far more heavily does it rest upon the nurses of the present generation, who hold, as it were, in trust, the lives and possibilities in their work, of future nurses. For the training schools of the future will be largely what your educational ideals, and your courage in their behalf, make of them. After others have done all that they can do, there will be no branch of nursing which will not be dependent upon you for good growth and development, and there will be none free from the need of such improvement. That profession will not be really good for any of its members which is not good for all of them. And in intelligent and large hearted efforts in this direction you will find yourselves inevitably concerned with the educational problems of the day, with the social and civic movements of the time, with legislative effort to sustain these, and will of necessity come to take your share in them; for nursing is bound up with every one of them.

Among nurses, you graduates of the Lakeside Training School must stand as a favored group, trained in a school which has from the beginning had an enlightened conception of its task. The authorities have been liberal in their provisions for your welfare, the conditions under which you have worked have been of the

very best, and the head of your school has spared no effort to equip you worthily for your work. You have had, moreover, the advantage of living in a city where the influence of one of our great leaders, Isabel Robb, shaped the spirit in nursing affairs, and helped men and women to a more sympathetic understanding of nursing ideals. These have coöperated heartily with us in every attempt to improve our work, they have often inspired us to further effort. Thinking these things over, you will, I hope, feel as I do, that an unusually large measure of opportunity has been yours, and you will also feel, I know, that deep sense of obligation which comes to most of us in such an hour as this, to use to your very best and uttermost every power that lies within you. You will be looked to not only for good work and good influences, but for correct opinions and intelligent judgment upon nursing affairs, and for the best contribution which you are able to give to the sound and wholesome growth of our educational and professional work. You will naturally be expected to choose the difficult and trying tasks, and to carry them through. There is hard work ahead of you, you will make stern demands of yourselves, and you will often have to fight for the possession of your own souls. To that exhilarating contest let me welcome you.

I do not need to tell you of the joys and satisfaction and inner glories which come from a hard task, honestly done. But let me just mention the great riches which the possession of knowledge, of resources, of power to help others, bring, and the great sweetness in life which come from friendships made and tried out in the day's work in a common cause.

OUR INHERITANCE ¹

MOST heartily do I offer my congratulations to you in whose honor we are gathered together to-night. A real achievement lies behind you and opportunities almost immeasurable stretch out before you. The work to which you are pledged has reached a high level of usefulness and importance in this and many other countries and the body of workers to which you now belong has won the confidence and respect of the public, and is honored in the community.

You enter, as it were, a world made ready for you. You inherit certain riches accumulated for you by a long line of heroic women who have devoted their lives to securing freedom for you to acquire needed knowledge of disease, and needed skill in caring for those suffering from it. Some of the efforts to obtain the opportunities which you have enjoyed were made years ago in this school and this hospital, in order to free them from a kind of political domination to which the public charitable institutions of this country have long been peculiarly subjected. This school has indeed heroic pages in its history, and one sees in imagination to-night the brilliant and gifted Louise Darche, Director of this

¹ Address to the Graduating Class of the New York City Hospital, May, 1916.

school a quarter of a century ago, matching her wits against the political element of her day and winning. For the idea of consolidating several hospitals with different services under one nursing administration in order to provide a well-rounded system of instruction and training for nurses was her idea, and she here put it into operation. It was the first attempt to thus strengthen and improve educational methods in nursing, and it would be an interesting study to try to discover why so administratively wise and educationally sound a method should have been abandoned here and established in schools connected with other city hospitals in New York.

There are other voices which still speak in these corridors. Among them, one who listens closely might hear that of the gentle, cultured, saintly Diana Kimber, whose wise advice forms one of the sweetest memories of my early days in nursing. From the seclusion of an English Sisterhood her voice still comes to you through the pages of one of the first scientific text-books on Nursing written by a nurse. To keep this valuable contribution to nursing literature abreast with the latest discoveries in the science of which it treats has been the devoted labor for many years of your present superintendent Carolyn Gray who has sought in this way to express her loyalty and devotion to her teacher and friend.

Not only did a group of quite remarkable women enter the early training schools of this country but the conditions of hospitals and nursing at the time were those that call for, or swiftly develop the qualities of the pioneer. The great women in nursing did not come from the hospitals where many months of their training might have been spent in attendance upon a few private

patients, with the limited opportunities for instruction and observation which such service implies. They came instead from the stern tasks of such places as old Bellevue Hospital. All our early hospitals were of that kind, and our best and highest ideals and traditions in nursing were worked out in response to the challenge made upon us by the conditions under which the sick poor were cared for in city institutions.

So my congratulations to you to-night are warm with the feeling that there should be no better place for training in nursing than in great city hospitals like this which are bound to hold their doors wide open to all forms of helplessness and disease which the ignorance of man, or of his fellows, may bring upon him.

There is, I suppose, no single branch of nursing required of the modern nurse in which admirable opportunities for training could not be found in some one or more of the several hospitals under the direction of the Department of Charities, of this city. Nor is there any branch of knowledge fundamental to nursing, which it is beyond the resources of this Department to supply. I am sure I may venture even further and add that there is no desirable development to be made in the organization or in the educational method of its great system of training schools, that would be in advance of the hopes and wishes of the present Commissioner of Charities, nor outstretch the high ideals of our present city administration for all of its institutions.

Leaving the past, present and possible future of your own school and looking forward into the wider field of professional life which now awaits you, I can look from no standpoint, from no direction, which does not reveal you as among the most fortunate of women. In these days which search our souls and test our powers to the

uttermost, you belong to a body of skilled workers, trained and ready to bring to the sore needs of this distracted world your full measure of a service which it cannot do without. And since continuous experience in actual nursing forms so large a part of the educational system in which you have been trained, you are able to step at once from your school into the busy field of nursing activities and take your place in the ranks of the regular workers. Not for you are the long months of weary and disheartening waiting for the chance to show what you can do, which in so many other avenues of life, lie between the school and the task. Men and women in other professions even after a much longer and much more costly preparation than you have had do not as a rule find the door of opportunity spread invitingly open before them. They have often to begin in a very humble way to find their places in life, and slowly and with great effort to toil upward to steady and secure occupation. No such problem lies necessarily before any one of you. There are large fields of nursing containing many forms of activity which are open to you to enter to-morrow with the consciousness that you are needed. If your work is honestly, intelligently and thoroughly done, there can be little question that you will before long be called, whether you desire it or not, to larger duties and responsibilities.

Now I imagine if we could hear to-night from some of the many thousands of young women throughout this country who in this moment of her dire need, find themselves in the humiliating position of not having anything to offer that is wanted, who, untaught and untrained, are helpless to translate into really useful service their genuine desire to serve, they would say, "What would we not give if we could stand in the places of you who

are ready when needed, because you are trained and prepared." I have often asked myself if there is any body of persons, men or women, who in the day's work stand on a firmer vantage ground, have more really wonderful chances to be helpful to their fellows or more cause to be grateful for their opportunities than nurses.

It is perhaps healthy for us occasionally to pause in the consideration of our grievances (which are many and genuine) and to realize afresh the truth of this, and to realize also that the advantages and position which we hold, these opportunities which we enjoy, have been won for us by the good work, the wisdom and the self-denying and patient effort of preceding generations of nurses. The great reforms in hospitals which accompanied the introduction of the modern system of nursing are matters of fact and history. We need only recall them here to say that they provide stirring pages for your study and are the beginnings of efforts by nurses to build up and establish on a worthy, dignified and increasingly serviceable plane, a work which they loved and believed to be necessary to human welfare. What have these nurses done? They have toiled unremittingly to improve our training schools and have brought them step by step, amidst indescribable discouragements and difficulties, from the first single year of training with so little instruction that it was virtually a year of apprenticeship only, up to a point where they have become a truly important branch of modern professional education. There are about 1,500 hospital training schools in the country and about 40,000 students in them, and so great is the demand for more nurses, especially in the branches of nursing requiring high preliminary education, that several thousand more students could well be admitted, if the right entrance requirements

could be maintained and if suitable conditions and proper instruction could be provided for them.

Among the professional schools of six of our well-known universities there are now established good training schools for nurses and similar arrangements are now under consideration in several other universities. And in the College for the training of Teachers of Columbia University will be found a lively young department, busily engaged in training graduate nurses to become teachers of nurses and public health nurses. Finally a fund of several thousand dollars has been gathered together, largely through the small contributions of nurses, the income of which is devoted to supplying scholarships to help nurses seeking such further education.

In order that young nurses on leaving their schools and entering their professional life, private or public, may not stand isolated and alone, and in order that the special problems of various groups of workers may be the subject of common study and mutual effort toward solution, various associations of nurses have been formed. Alumnæ, state, national associations for all; for superintendents and teachers, the League of Nursing Education; for public health nurses, the organization bearing that name, and while our International Association is for the moment inactive, it is well to remember that there have been now several International Congresses of nurses, and that there were representatives of 23 countries present at the last Congress held in Cologne in 1912.

That there may now be found in 44 states, laws which do in some measure define and establish suitable standards for the education and training of nurses, and do to a certain extent protect the public against untrained and unskilled persons who would like to pass for trained

workers and to practice as such, is due almost solely to the energy and devotion of the bodies of nurses throughout these states. It is well nigh impossible to put any proper estimate upon the value of the work in this direction done during the past fifteen years. Its importance should be more fully recognized and our debt to those whose untiring labors have secured these benefits should be clearly kept in mind.

Our journals of nursing were most of them first started by volunteer effort and nurses cheerfully gave their time and means, sometimes for a considerable period, before they could be established on a self-supporting basis. The contributors also gave their best in the way of papers and articles for years without thought of payment.

The urgently pressing demands on nurses' lives, the limited leisure at their command, have made it difficult for them to contribute to the literature of their work, but there is appearing a steadily growing body of useful material written by nurses, text books, pamphlets, articles which merit our grateful appreciation and every encouragement that we can give. For just as improvements in the practical methods of nursing must be brought about by those who do the work, just so the intellectual aspects of nursing can only be developed and presented by nurses who can see all that is involved of that nature in their own work.

In all of the ways which I have been here trying to present, the nurses of the past have been endeavoring to improve nursing of the sick by ensuring for the nurses who were to follow them, better training than they themselves could obtain. In just so far as you enjoyed larger opportunities, you reap where they have sown, and gather in the fruit of their labors.

If the nurses who have preceded you had held lightly their responsibilities, if they had failed to hold steadily before them a lofty vision of what nursing should be, if they had made no effort to improve the conditions of their work, then no matter how industrious, conscientious, and capable they individually may have been in their own tasks, the loss for the work of the present generation of nurses whom you represent, would have been well nigh irreparable. These responsibilities, these visions of better things, these unending efforts to make them better must before long pass on to you. It is you who will take the torch from the hands of the runners and we believe that while you have strength to run, that torch will be kept alight.—Our faith in you is very great.

Mr. Commissioner, and friends, I have dwelt upon the debt these nurses owe their fellows. I must not fail to urge here the debt which the public owes its nurses. It owes them a better chance to secure the preparation they need for the work they will have to do. It owes them every incentive to further study and self improvement—every encouragement of right initiative. It owes them sincere respect for their standards and ideals of work, and sympathetic support in upholding these. It owes them freedom in much larger measure than they have ever had. What they have done in hospitals and wherever they have been occupied has been, in its true value and genuine results, in direct proportion to the degree of freedom which has been accorded them. The responsibility which nurses carry is not to be lifted by saying it is not there, and responsibility must be met, and freedom and authority conferred for that purpose.

Our schools of nursing are struggling with many very

serious problems. After years of careful study of many branches of education, I find none so hampered and harassed in the conduct of their necessary—indeed vital—tasks. One of their constant problems is the fact that the work is difficult because they cannot get enough properly qualified students and they cannot get enough such students because it is so difficult. As a partial remedy for this we need to give serious and in my thinking, prompt attention to the question of hours of duty. What this country is willing to give the majority of its laboring men—an eight-hour day—it surely should be willing to give the young student nurses who are now working nine to ten hours daily, and twelve hours nightly in the wards of many of the hospitals of this city and of most other cities, in an effort to secure their professional training. It is an affront to the intelligence of our young women to offer them education on such terms. What kind of study is likely to be carried on, what kind of instruction can possibly be absorbed by students working such hours? It may seem ungracious on an occasion like this to bring before you real problems of this kind but perhaps you will pardon one who feels that life is moving on and that in the nature of things she cannot have many years left in which to speak.

In welcoming you, the members of this graduating class to your new world, I offer you the good comradeship of your fellows in it. Let me assure you of our warm and sincere interest in your welfare and progress, and of our great desire to be helpful to you in your work in all the ways in which the older members of a profession can aid and strengthen their younger sisters.

SOME IDEALS FOR SCHOOLS OF NURSING¹

IN attempting to present to you some thoughts about an ideal School of Nursing, I have found myself in the somewhat difficult position of having to choose between two kinds of school, each of which in its own way seemed to me to be an ideal. I think I shall have to call one an ideal of the future and the other the ideal of to-day. One school aimed at the perfect or nearly perfect thing, the highest and best in our work which we have as yet been able to conceive. There could be in the nature of things, few such schools, and the number of women they could train and send out would be small. The other school would take the ground that what we need to-day is not only a few exceptionally well educated and skilled women who could be produced through a few schools of unusual standards, but the output of a good many schools which will meet in some reasonably adequate way the varied needs of a very great number of people. It should not be a remote or seemingly unattainable ideal and should be not only within the range of our vision but also of our practical realization.

It is the latter school which I have had to choose as

¹ Read before the Annual Convention of the League of Nursing Education held in New Orleans in April, 1916.

the one toward which it seems to me we should to-day direct our energies. This school also aims high. It exists solely for the purpose of educating nurses, and any other ends it may serve are entirely subsidiary to its main object. It has powers and resources enough of various kinds to enable it to carry out its purposes adequately. Its work is sound and thorough in every particular, broad in range and outlook, and based upon the carefully ascertained needs of society for the work which nurses can do. It is tied neither by association with other institutions nor greatly by past traditions, and is capable of expansion in any rational direction. A school answering fully to such general standards would, I think, have to be accepted as a genuine ideal, so far ahead would it be of the ordinary training school of the time with which you are all familiar. To put before you a carefully worked out plan for the creation of such a school, would carry me far beyond the limits of time allowed, and into details which should not occupy the attention of such a body as this. I shall therefore not attempt to present to you a complete picture of an ideal school, but rather some of what I believe to be the more important of the ideals toward which we should steadily aim in the upbuilding of our schools.

Let me take first the purpose for which our schools should be established. It is clear that if the real purpose of the school is to educate, then its whole scheme of work will be planned and conducted with that end in view. It will not be primarily concerned with the conduct of the nursing service of any hospital or sanitarium, free or private, or of any other kind of institution. It will not be created for the purpose of saving expense to any institution or of enriching any individual or body of individuals. Such considerations would have

no place whatsoever in the object and plan of an ideal school. Incidentally, because of the nature of the student nurse's activities, her daily tasks over the sick, expenses in hospitals might be lessened, but the situation we are proposing would be diametrically opposite to the one which now exists in which the student's education is largely a by-product, and an indefinite and uncertain one, of her activity as a working nurse. The habitual use in hospitals of the word "nurse" in speaking of a student nurse by physicians, patients and the public, is a correct indication of her status, showing where the emphasis lies, and how little she really is looked upon as a student. In this connection it is interesting to note the scrupulous care with which we withhold the title of "doctor" from medical students until they have completed their work leading to it in Medical Schools, and to observe how universal is the use of similar precautions in other professions.

Assuming then that the object of the school of nursing is clearly established in our minds let us look to the conditions which should be provided to carry it out. Among the first will be the creation of a body, call it what you will, trustees, directors, managers or committee, who will be responsible for the general direction of the work and affairs of the school; who will give constant and serious attention to its particular problems, who will see to it that funds are provided for its maintenance, and who will in every available way try to forward its proper growth and development as an important educational institution.

At present the entire control of training schools is, with few exceptions, vested in hospitals, but the purposes of the two institutions are not identical. On the contrary, they diverge, and widely at many points, and

there is therefore that conflict which is inevitable under the conditions. Such friction, which is fairly prevalent, is sometimes an effort toward a better adjustment, and is by no means the worst evil to be feared. A far greater evil, in my opinion, is that state of perfect harmony found in some places, brought about necessarily by the complete subordination of the interests of the training school to those of the hospital.

If there is a body of persons definitely responsible for the welfare of the training school, such subordination will, of course, not be permitted. This body will be in a position to define and establish proper conditions of work for the students, to maintain equitable relationships between school and hospital, and to make the necessary adjustments as need arises, not only with the hospital but with other institutions entering into the scheme of education for nurses. Some such body as this should exist where there is a school of nursing. I know that this point of view is not altogether popular. It is in fact squarely and quite sincerely opposed by some of those actively engaged in hospital work whose eminence in their own field is unquestioned. Yet so vital do I deem it that some such way should exist of ensuring the consideration of training school affairs on their merits, apart from hospital affairs, that I would place the provision of such a body as has been mentioned as a fundamental condition in training school government.

For the ideal control of Schools of Nursing in the future we shall, I am confident, turn more and more to the University, just as other professional schools have done, seeking there the educational resources freely available—teachers, scientific laboratories, libraries and other equipment. And we would seek there also, and

would find, that spirit which, loving knowledge, desires to share it with others. Those schools of nursing now carrying on their work more or less directly under the control of the universities of Minnesota, Indiana, Cincinnati, and Leland Stanford, believe that the advantages of such a relationship are very real. The whole work of nursing takes on a new status and dignity in the public mind when it is brought among university interests, but the most precious and important gain is that which comes in the new freedom and opportunity to develop the intellectual aspects of the work.

While this is the way in which we hope to grow, and we should leave no effort unmade which will bring us into connection with the various universities in our several sections of the country, yet I think we must realize that progress in this direction is not likely to be rapid, and that it will be many years before any appreciable number of our training schools can come anywhere near university standards. Nor do I for one moment believe that there is no other ideal than that which can only be reached through the university. Looking at the admirable and useful work which has been done for many years by such institutes as the Drexel in Philadelphia, Pratt in Brooklyn, Mechanics in Worcester, Simmons College in Boston and by the Massachusetts Institute of Technology, one would hardly be justified in assuming that training schools could not be developed upon some such lines.

The question of adequate funds would be of primary importance at the outset, in any case. For under whatever control or direction the school of nursing be placed, it is certain that it must have funds to carry on its work. At present, training schools are entirely dependent upon the hospitals to which they are attached, for funds for

any purposes whatsoever. And since hospitals almost universally find difficulty in meeting their own current expenses, it seems obvious that few of them are in a position to supply appropriate funds for the maintenance of training schools. At all events, none that I have ever heard of has ever attempted to do so. Consequently, a tradition has grown up that training schools do not need any money for their work; that they are a peculiar kind of institution which can be carried on without any appreciable expense to anybody. No other kind of school in the world is suffering from any such delusion, and we must get rid of this wholly, so far as hospital training schools are concerned, before we can hope to make any very substantial progress.

There is no doubt whatever that the time has come when Schools of Nursing must begin to conduct their work in accordance with modern accepted and established methods. With the pressing needs of their hospitals ever before them, most schools will hesitate to present their own needs. They indeed are not free to do so. They cannot bring themselves to ask for money for even the most obvious educational necessities. Many schools indeed, have become so accustomed to the poverty of their conditions, that they have grown to a passive acceptance of them as necessary and inevitable, and finally have become unconscious of the need or possibility of improvement. Nor will improvements in this direction be made without a very great and continuous effort. Hospitals cannot make them, as the experience of the last half century clearly shows, since instead of providing means for the conduct of their schools, they have established them practically always for the very purpose of lessening their own expenses.

We must therefore go beyond hospitals in our efforts

to secure funds to carry on our nursing schools. Endowments should be as readily available for these schools as for any other form of education, and the ideal School of Nursing must be properly endowed or otherwise adequately supported. Some help toward maintenance should come from tuition fees, and these should be required for at least the first year of instruction. In addition, during that period at least, the student should pay for board and lodging and she should not be rendering services of any such value to the hospital as will justify it in meeting these expenses. The assumption is, and it should be a correct one, that the student is receiving a good grounding in the fundamental sciences, and instruction in the principles underlying her work, and is gaining some familiarity with the first steps in nursing as a preparation for her further work. Such instruction has been given freely with the idea that the student's subsequent work in the hospital would compensate for it. The right method would be to require the student to meet the full expenses of the time devoted solely to her instruction, irrespective of the arrangements governing her later work. The student's work in the hospital should never be looked upon as a method of paying for previous or current instruction. Every hour of it should be an essential and indispensable part of her educational program. Her work should always be so regarded and so arranged for by the hospital; and by herself it should be eagerly sought as an invaluable opportunity which can not come again, for observation, study, training, and for rich experience in the field of actual work. We should expect hospitals to provide such conditions, such supervision, as will enable students to reap the fullest possible benefit from every "hour of duty." And I go so far as to believe that students

should pay for all such training and ultimately I think it will work out this way. What an increase in expert supervisors and teachers of nursing such tuition fees would make possible.

At this point I expect to be met with the poor girl who will be shut out of all opportunity in life if she cannot enter this useful profession, and secure her training for it without expense. With the vision before me, to cite just a single instance, of nearly two thousand students working in our own College, paying full tuition and meeting the heavy expenses of life in New York, and doing this in many instances for four consecutive years, I cannot be so disturbed over this question as I once would have been; for I am confident that a considerable number of students in any training school could perfectly well pay expenses, and that most others could pay the larger part of them. A good many nurses, indeed, have told me that they would have preferred to pay for their training and had a better one. A liberal system of scholarships and loan funds would probably provide for most other desirable candidates who would be unable to meet the expenses.

The time must eventually pass when students of nursing should be expected, or should themselves expect, to pay for their professional education in a coin so difficult to evaluate accurately as their labor; for some of it is excellent, some is fair, and some is wretchedly poor. Yet it buys the same kind, quality and amount of instruction, and the student who pays the most in the way of service appears to need, and usually gets, rather less instruction than the one whose services are least valuable. In the same way this inequitable arrangement is unfair to the hospital which provides for the same training and opportunities in equal measure for

all, yet which in actual fact must devote its time and energy far more assiduously to the incompetent and the "slacker" than to others. So it turns out that the conscientious, capable and industrious student who requires least instruction and supervision does actually pay more and get less than other students. Where uneducated and otherwise ill qualified candidates can no longer lean so heavily upon training schools to make good their many deficiencies, without paying for the additional time and instruction they require, they may perhaps feel the importance of making some more energetic attempt to qualify before entering.

This is one of the aspects of the education of nurses which is so constantly questioned by college graduates. They say that a system of education is not intelligently ordered which admits to its schools, on precisely the same basis, a student bringing one or two years of High School and one bringing a College degree, and which then requires each of them to take precisely the same subjects, covering the same total length of time. And they are justified in that contention. We should either provide a somewhat different scheme of training for women with College degrees, or else a shorter one, and we should begin, at least, to experiment in that direction without delay. We would be supporting truly high ideals in Schools of Nursing if we made it possible for a good many more college women to enter them. There is a crying need in the various branches of our profession for every soundly educated woman we can bring into it. I would look upon it as a step forward, therefore, if our good training schools could arrange to give credit in time, equivalent to one academic year (which means eight or nine months), to all candidates bringing the degree of a recognized college and otherwise qualified

for admission. They would then be required to cover a period of about twenty-seven months of training instead of three calendar years. We must not forget, however, that twenty-seven hospital months is more than the equivalent in time of three full college years.

Since a profession cannot rise above the character of those who practice it, it is certain that the real foundation of all of our work lies in the general education and character of our students, and no superstructure we may rear will stand unless that foundation is sound. We must work steadily to lift our requirements for admission, and we should not rest on anything less than that amount of mental training gained in four years of High School work, or in a similar time spent in a good private school. Many of the best women in nursing have come from private schools, but the great differences existing between these schools makes it necessary to look carefully into the quality of their work. The young women, who in this day of free education, have not had the ambition, energy or good sense to carry them through High School or its equivalent, are not the material out of which we should expect to make nurses. The exceptions to this ruling can always be dealt with on their merits, and should, of course, be provided for. With a general standard of admission set at High School, or a genuine equivalent, and with provision made for advanced standing for others of higher qualifications, we shall have reached in these respects something in the way of a working ideal.

As to the course of study and training, that is a subject in itself, and can only be very generally dealt with. We have done well in developing and elaborating preliminary courses. That step forward in a more logical

organization of our work and in securing sounder instruction in the preliminary sciences, was sorely needed. We shall also do well, I think, eventually to drop the term "preliminary" and to look upon whatever instruction we give during that period as a necessary part of the first year's work, varying somewhat in accordance with the previous education and training of our students.

It is interesting and encouraging to note the recent improvements in the courses of study as outlined in the announcements sent out by training schools, and only those who have struggled with such problems know what heroic efforts these advances represent. Yet since the best curriculum can easily be rendered ineffectual by unfavorable conditions it is important here to point out that one of the first essentials in building up a good school is a reasonable arrangement of hours of duty. We are a long way from any ideal in that matter in most of our training schools, but we are particularly guilty in three ways: we have brought a heavy body of theoretical work into the first six months, but we have failed to reduce the hours of practical work during that period in any suitable degree; we still have a twelve hour night duty, and from one-fifth to one-sixth of the student's whole time is spent in night work; and we still permit outrageous hours of special duty to exist.

There is no one thing in which our training schools are more distressingly in need of reform than in this matter of hours of students. There is, however, a practical ideal before us, if we will but realize it in so far as students are concerned and we shall find it in the State of California. That state has the distinction not only of establishing an eight-hour day for its young student-nurses, but it has gone farther—it has declared that they

need one day in the week for rest. The training schools of the whole country are indebted to California for a long stride forward in the development in this respect of proper ideals of training. The length of the yearly vacation is the next matter of pressing importance, and we should work toward such a system of paid substitutes for relief in our schools as will enable every student to enjoy at least one full month of vacation.

With the improvements in the course of study, the need has arisen for teachers capable of handling the situation, and we are just beginning to meet that need. There are now on the staff of a good many of our training schools, trained nurses who are also fully trained teachers working devotedly for their students, helping them to gain that sound foundation upon which all good nursing work must be based and without which it will be impossible for any nurse to arise to the full height of the opportunities which may later come to her. I think we may confidently look for much fresh, new life and thought in our training schools through the introduction of better methods of teaching and the strengthening of respect for the intellectual aspects of our work, which trained teachers signify. We should be careful to make conditions under which these teachers work such that they will be able to render their best services, and will feel satisfied to continue in the teaching field.

The question of status, of salary, of such an adjustment of work as will give time for proper preparation for classes—the questions also of tools for the teacher, such as books, and other teaching material (as important for the right conduct of her work as proper appliances are in nursing),—many of these are new elements which have entered the training school life along with the teacher and are in need of thoughtful attention and con-

tinuous adjustment. We have now reached that point where we have teachers trained to handle the elementary sciences, and to teach practical nursing subjects and a system is also established for the training of such teachers. The idea of specially prepared teachers should be carried into other branches of nursing education, and such subjects for instance as the nursing of children, or of mental and nervous diseases should be taught by nurses who are not only expert in practical aspects of these special branches and capable of handling a ward or department, but who have also been thoroughly grounded in the theory of these subjects. There are other subjects, too, in which the foundation of a training in nursing could not fail, other things being equal, to be of great value to those who teach them. There are certain phases of feeding and diet in disease which can be taught only by nurses. They are nursing procedures. But nurses must be much better prepared in this important subject before they can teach it. It is one of the weakest parts of the nurse's training to-day. This matter expands in one's thought in realizing the rich opportunities available for fields of instruction in hospitals. I hardly know where, for instance, given the right teacher, one could hope to obtain a course of instruction providing a better introduction to modern social problems than in a modern hospital, which is itself a symptom of social conditions. Through the dispensary and admitting offices, what illuminating phases of life could be presented, particularly to those students who wish to devote themselves especially to public health nursing. In the kind of school we are thinking about these important departments of the hospital should be able to make a much larger contribution to the education of our students.

I had hoped to bring into this paper some thoughts on the subject of discipline, which is to-day very seriously occupying our attention, but time forbids. We need to get clearer ideas before us on this vitally important aspect of our work, and to secure a better understanding of its meaning and purpose. Discipline is a recognized part of all education, and certain subjects indeed, are specially chosen for their disciplinary value. I suppose, in a sense, all education is discipline. In the last resort, however, this must be self-imposed—it comes from within. What we must surely recognize in our schools of the future is the fact that there is no quality more precious in human life than initiative, and that a discipline which crushes instead of wisely developing and directing it, is not good.

The problem of the training school is not to ensure the training of nurses to work under constant direction, but to provide for the training of women who will pass on into fields where the power for independent thought and action is essential. I know of no phase of nursing in which wise judgment is not a constant requirement, and I believe there are few fields of work in which the demands in this respect are more exacting. Out of our training schools must come those who can lead, teach and develop others, and who can carry on the torch as the hands of the nurses of this generation relinquish it. This must be done or our work cannot grow, it cannot even survive.

In this paper I have made a slight attempt to present certain large general principles of the work in which we are engaged, omitting all discussion of methods and details. Such matters as the clearly defined purpose of the school of nursing, its administrative control, its financial resources, and the quality of its students, seem

to me to lie at the very heart of our problem. If we can reach our ideal in these great matters, the other needed and desired things will, almost naturally follow. They will in a sense be comprehended in these larger issues.

THE RELATION OF THE WAR PROGRAM TO NURSING IN CIVIL HOSPITALS¹

AS soon as we had entered the war, it seemed clear in the very nature of things that there would be problems in nursing to meet, which would not fall within the province of any existing body to handle. The Army and Navy Nurse Corps had well defined tasks, and would, of necessity, move in their own prescribed orbits. The Nursing Department of the Red Cross had many activities, but as the great recruiting agency it would be largely occupied with the colossal problem of keeping up the nursing reserves. These could proclaim their needs and they were paramount, but there should be, it seemed, some other body constantly at work to help in finding ways of meeting these needs, to forward and supplement their efforts, and also to look to the nursing needs of the civil population. Such a body would be concerned with the care of the sick in civil hospitals and homes; with the problems of training schools for nurses; and with such emergencies as might from time to time, arise during the progress of the war. It was further realized that new problems in nursing must in-

¹ Read before the twenty-fourth annual convention of the National League of Nursing Education, Cleveland, Ohio, May, 1918.

evitably follow the war, and that careful and serious study in preparation for them should begin at once. Hence there was formed an emergency committee of nurses (and others) which later became the Committee on Nursing of the General Medical Board, Council of National Defense.

I assume that I am asked to speak here to-night of the relation of the war program to nursing in civil hospitals because it is to that particular problem that the Committee on Nursing has, since June, 1917, devoted the larger part of its time, thought, and resources. As chairman of that committee, whatever I have to say must necessarily be drawn from its activities and experiences.

What the war really was going to mean to our hospital training schools did not, I am confident, come home with any great force to most of us until we saw the first Base Hospital Units sail for France and realized how in a moment there had been swept out of our educational structure, never strong enough for its work, superintendents, assistants, supervisors, instructors and head nurses, and in some instances, several of those officers from one hospital school. Public health nurses already too few in number to meet the need, were drawn into the tide that flowed to the military hospitals in France.

Well prepared as we believed ourselves to be to meet the first call of the war, and eager as we were to meet it, this depletion of the ranks of our executive and teaching body was a revelation. It brought home to us the necessity of taking immediate measures to find and train more women to fill these difficult and responsible fields and our appeal to the colleges was the outcome. It seemed reasonable to expect that our colleges should supply a portion at least of the desired candidates, and

that college women bringing a sound groundwork in education could more readily grasp the underlying principles of their work and could proceed more rapidly with their training than less well prepared students. Moreover, they would bring a larger degree of maturity.

Having secured assurances from several leading training schools that an appreciable reduction in the course of instruction could be made to college women of suitable qualifications, we wrote explaining the nursing situation and appealing for coöperation to the authorities of every woman's college and all the standard co-educational colleges in the country, and also to many thousands of their graduates. The result has been that for over a year, college women in constantly increasing numbers have been entering our schools of nursing and this last summer witnessed a striking outcome of our efforts in the Vassar Training Camp for Nurses. For without all of the previous work there could have been no Vassar Camp, and the more than 400 splendidly prepared and enthusiastic young college graduates who are at this time entering many of our representative schools of nursing would have been entering some other field of service.

Vassar is not the only college which has thus helped to meet the war nursing problem. This summer the Western Reserve University at Cleveland, the Universities of California and Iowa offered the preliminary scientific courses required in the training of nurses to several hundred students all told (I understand) and the hospital training schools which these students are now going to, will not only receive a valuable addition to their student body but they have been relieved of the expense and effort of teaching and maintaining them for this preliminary period at this critical time.

The next step recently taken forges another link in the chain of coöperation in which we have been trying to unite the higher educational institutions and our hospital training schools. The influence of the Vassar experiment has enabled us to work toward plans through which a large number of selected colleges and universities have been asked by the American Council on Education to establish pre-nursing courses as a war measure. The circular recently issued from which I quote says these will be for the "purpose of assisting Civilian and Army Hospital Training Schools to meet the overwhelming demand for adequately trained nurses." These pre-nursing courses should serve to prepare successive groups of young women in various communities all over the country for entrance to hospital training schools and for immediate usefulness after they do enter, and it is expected that a good many students will seek this preparation. Thus the pressure on hospital training schools which has been increasingly heavy because of the need of training larger classes with smaller teaching staff, may be in a considerable measure lifted.

I have dwelt at some length on our work in connection with colleges, but not because of its dimensions. The numbers of nurses with which it is concerned will be comparatively small (though superlatively important), but because it shows a steady persistent effort extending over a year and a half to align the colleges beside us in working toward the solution of some of our most urgent problems. We have at least made certain that for the higher and more exacting forms of nursing, for the future direction and development of our training schools, for the instruction and training of future nurses, for the guidance of the workers in the many fields of public health nursing, there will ultimately be available many

hundreds of well-trained nurses who have also had the advantages of full college preparation.

Having provided as well as we could for the *line* and *staff*, our next step was to build up the working force. We knew in the early months of the war that we faced no immediate famine in nurses as far as numbers go. Our supply of graduate nurses was large, numbering nearly 100,000 registered and as later statistics are showing more than 17,000 unregistered but trained nurses.¹ No advice from any of the several expert statisticians whom I have consulted warrants us in reducing that number very markedly for depreciation of the usual kinds. They all say about the same thing, that 10 per cent is looked upon as a fair reduction for any such group. We might indeed grant a 25 per cent reduction if it is proven just, and we still would have a good large body of trained women to draw from.

May I pause here for a moment to mention one interesting point? There has been a good deal of stress laid on the great depreciation in our numbers through marriage, but this is all pure guess-work since there are no statistics on the subject. Further I have been much interested in finding that this depreciation is not all pure loss, since from the very meagre excursions into this field which time has permitted me to make—it appears that a considerable number of married nurses either remain at their work or return to it. In the Health Department of New York City the statistics for one division of nurses shows 77 married out of a staff of 324, and the other division 30 out of 205. Out of 26 nurses employed in the Social Service Department of one of the hospitals, 5 were married, while out of

¹ In addition we have at least an equal number (100,000) of experienced practical nurses.

35 nurses employed by a charitable association 8 were married. A teacher for two successive years, of groups of public health nurses in California found that from 25 per cent to 30 per cent of her students each year were married. It is evident, however, that we cannot establish any basis of depreciation for this cause until a careful scientific study of the whole professional field is made. This, it is understood, the Red Cross, fortified with ample resources and facilities, is now making under expert guidance. Until some precise data is in our hands we must work upon such information as we have available and that is in the figures just given.

There are those who try to show that the actual number of graduate nurses who may be available is depressingly small but, I know of no reason why we should subject our figures to severer tests than are commonly employed elsewhere, and I think that depreciation could hardly go below the point accepted in other professional fields; that the number of 100,000 registered and 17,000 unregistered nurses is being augmented this year by approximately 14,000 new graduates and that therefore our resources are as yet far from exhausted. In an article published in the *American Journal of Nursing* last year, I note that Miss Delano, Director of Nursing Service, American Red Cross, estimated that about 200,000 women were following the profession of nursing. It does appear therefore as if we still have resources to draw from and I believe the recruiting in the nursing field will go on steadily yielding good results for months to come.

The needs of the army for nurses were, therefore, for the time being met, the immediate future was provided for, but beyond that there stretched away a period (and it might be a long one—no one could tell) for which no

adequate provision existed. Predictions of the possible demand for nurses dealt in large terms and increased from month to month. The steady expansion of our army made necessary the great development of military hospitals at home as well as abroad, and the call was not only for proper nursing service during the war, but it pointed clearly to enormous demands for nurses in the greater work of reconstruction which would inevitably follow such expansion. These demands it seemed would extend into civil hospitals and would penetrate every form of public health work. For we knew that in the forefront of the great questions which the war at its close will press upon us, which it is even now pressing upon us, stands the question of health, and the part which trained nurses must fill in this field is too important and fundamental to permit us to forget it; or to neglect to prepare nurses for it in large numbers. We realized further that those nurses who had gone into army service might not return for a long time and a good many would not return at all. Their places would have to be filled.

But there was another question before us. When the needs of the army could no longer be met by graduate nurses, where should we turn? And a few of us at least believed that the very best body to reinforce the graduate nurses would be found in the senior classes in our schools of nursing. As approximately 14,000 nurses are now graduated every year a proportion of that number of senior nurses, young women with at least two full years of training behind them, would be there to draw from, and that these young women were capable of giving excellent nursing service would not admit of question. In estimating the potential nursing resources of the country therefore, we have never overlooked this possible supply, and that it should be turned to when

necessary was our recommendation to the special committee convened in June, 1917, by the Red Cross. We felt that a certain quota could be asked for, and would readily be released by the hospitals if they were in any position to do so. And then we proceeded to try to put them in a position to do it.

We started well over a year ago, a comprehensive and wide-spread campaign of educational publicity. In it we tried to tell people something about nursing and hospitals and public health—to show young women and their parents just how indispensable a field of human effort nursing must always be, and how in great crises like the present it becomes an essential part of National Service. We tried to show that the life of the nurse is not only one of surpassing usefulness, but of much personal happiness and satisfaction, and that great fields of public importance were not opening up to her in many directions. We urged every hesitating young woman who, seeking a field of useful activity, faltered at the door of the hospital training school, fearing she knew not what difficulties and severities,—to put aside her doubts, to enter and to try to prepare for the service our hospitals constantly need and for which they must at present depend in large measure upon student nurses. Such appeals were sent forth in many thousands in every state in the country, supplemented by requests to high and private schools to bring the matter before the older students and *alumnæ*. Articles on nursing were published in the daily press and in popular periodicals—addresses were made in schools, churches and at special meetings. From our office in Washington a constant stream of advice and information on this subject has poured forth to thousands of inquirers.

As a result we could point in April, 1918, to reports

coming from between 700 and 800 training schools (about half of the number of hospital training schools on our lists) which showed that over 7,000 students over and above the usual number had been admitted during the year. As the recruiting was going on steadily, it seems likely that this number has been somewhat increased in the intervening months. A study of the reports, however, showed us that while the larger and better equipped hospital training schools had in most instances a considerable increase in the number of students, there were still a good many hospitals, particularly the smaller ones which were without applicants and greatly in need of students to carry on their work, for which little other assistance could be provided. It seemed necessary to devise some way of taking care of them. It was apparent also from the increasing demands for nurses for the army that efforts must not slacken to keep our training schools full in order to replace the nurses called away.

And at this time the establishment of the Army School of Nursing with its great scheme of student service called for large and immediate recruiting efforts. A new and interesting plan for recruiting was worked out by the Women's Committee of the Council of National Defense from whom we had previously had much helpful cooperation, in conjunction with the Red Cross and the State Councils' Section, and under the direction of the former a campaign was inaugurated to build up what was termed the United States Student Nurse Reserve and to enroll in it as applicants to meet the needs of both civil and army schools of nursing, many thousands of well qualified young women. This campaign has been vigorously carried on by the Women's Committee through its 12,000 committees throughout the States,

and with valuable help from the Red Cross. The recent reports showed that 10,458 applicants had already been enrolled of whom 3,358 were eligible for admission to the Army School of Nursing, and 5,982 to civil training schools, to which they are rapidly being assigned. (As this goes to press we find the records of the Student Nurse Reserve show that approximately 14,000 applicants altogether have been enrolled and referred to hospitals and training schools throughout the country.)

How the plan is working out can perhaps be shown by the following typical letter which comes from the superintendent of a hospital in sore straits for student nurses.

"On behalf of the Board of Managers of — I wish to sincerely thank you for your attention to the matter of assignment of nurses to this institution.

"The names, addresses and credentials of twenty-four members of the United States Student Nurse Reserve have been received and I am hastening to communicate with them in order that they may report for duty without delay.

"The hospital will endeavor to do its part by giving a thorough and effective training to the young women whose nursing education has been entrusted to its care in this great crisis.

"The question of affiliating with the Army School of Nursing is now under advisement and will receive the early and careful consideration of our Board. Thanking you again for your help at this time when the help was most needed, I am, yours, etc."

In several instances nurse applicants who had been referred to training schools which were needing students a few weeks ago found the vacancies already filled through the local interest aroused.

From the outlook as it now stands, I think we can count upon such a substantial increment to the body of

student-nurses in our hundreds of hospital training schools as will enable them to take good care of the sick in their respective communities and later will enable them to release some of their older students for Army Service if the country needs them. There will undoubtedly, however, be some institutions which we can find no way of helping. Possibly the help they need must come first from within.

Our latest effort to help the training schools of our civil hospitals has led us to appeal to the Federal Board of Vocational Education to extend to schools of nursing some of the benefits it so freely accords other branches of vocational work. If this is done it will mean that in a good many schools teachers may be supplied free of expense for certain subjects, such as elementary science, dietetics, nutrition, hygiene, etc. This should prove particularly helpful to hospitals in small towns where it is often difficult to find a good teaching staff for their training schools. It may perhaps be that this will ultimately prove to be the most permanently useful and far reaching thing we have done, but there are certain problems arising in the development of the idea which need careful study and experiment.

It is a great satisfaction and relief to know that many training schools, which in the early days of war had few applicants (some of whom were even then dropping from the accepted lists to take the short courses provided for "aids"), are now facing the winter's work with schools filled to overflowing with the best qualified students they have ever had. Instead of being broken down by the competition of such short courses, of the many new occupations for women which have arisen during the war, and of the great increase in demands for women in their old familiar occupations, our schools

of nursing have on the whole been held up, fortified and strengthened. The majority of them are now working at a high level of productive activity and are, or soon will be in a position to offer some quota of their senior nurses if the country needs them.

I cannot help feeling that one of the best results of our year's work to interest young women in nursing has been a better understanding by the public, not only of the importance of nursing and the extraordinary opportunity for usefulness which it offers, but of some at least of the problems which training schools have to meet, and of the difficulties which hospitals often labor under in trying to maintain good training schools. I am sure this educational campaign of ours will bear fruit for years to come. There will not be so much difficulty in getting good applicants. There will be available in the future for our hospitals and training schools, much valuable help and coöperation on the part of the community.

It has been very interesting indeed to see the change in attitude which has come about during the past year. At first almost everybody wanted to take a few weeks' course of some kind and go to France at once. Now many young women are realizing that they can do nothing that is worth while without some real serious training and hard work and they are willing to take almost any training that is prescribed by those in authority. There is a decided reaction going on against short superficial courses of training. What the majority of young women seem to want to do now is to "*make good*" and to do what their country most needs of them. This seems evident from the hundreds (I might say thousands), of interviews which workers all over the country have had with the girls and women who are volunteering for

the nursing service. We have only ourselves to blame if we fail to make the best use of all the excellent material which is coming to us—literally placing itself in our hands.

The amazing record of enrollments already in the Army School of Nursing shows how true is the present response to this kind of an appeal. This school is the embodiment of a great idea and its plans are being worked out in a statesmanlike way. In its own sphere it falls in line with the feats in shipbuilding, with the scheme which finds a way of hurrying a million troops across the Atlantic in a few months. To organize 30 or 40 or more training schools in swift succession and to bring in a few months thousands of highly qualified young women into serious training for the service of the country, is an achievement. It is obvious that the Army School *can* provide our main future supply of nurses for the Army and it should have our fullest coöperation and support.

So far I have tried to show how war has affected nursing in our civil hospitals. Its future effect we cannot altogether foresee, but changes are foreshadowed and some of them are already taking place. It is evident that the three years of training, if it is to remain, must serve to prepare nurses better for the widening field of work before them. Whatever may have been the demands of the past in nursing to which the training schools have tried to respond, the needs of the future will make new developments inevitable. In the slow and painful readjustment which is before us as we cease the industries of war and resume the activities of peace, we must give new kinds of care and protection to the health of our people. The program laid down by the British Labor Party will probably be in measure our

own program and it includes a Ministry of Health, the safeguarding of motherhood and infancy from privation and adequate public provision for the reduction of sickness and injury to a minimum by prevention and proper treatment. Definite instruction therefore for nurses in the subjects most vital to public health, careful training in the problems with which the public health nurse must inevitably deal, are now clearly called for. Whether she works in the homes among young mothers and infants, in the schools among school children, in the factories among young girls or any employees who need advice, guidance or actual service, she has become for the future the prototype of the one to whom we must increasingly turn to help maintain our Home and Health Defenses.

If we must turn to her, we must train her, and whatever comes later, after her hospital training, the groundwork must be laid in the training school and the process must be as sympathetically and intelligently conducted as we know how to make it. And because the need is with us, striding beside the need of the army and keeping pace with it, we must be at work upon that problem *now*. We must eliminate the great waste of women's effort that goes on in many of our hospitals, reduce the amount of unskilled and unnecessary labor so frequently a routine part of the training of our student nurses, enlarge the amount of sound and substantial knowledge now required and provide nurses with a wider outlook upon Life's real problems. It is probable that an earlier and much larger place in the scheme of training must be given to the care of infants and young children and obstetrics. It seems certain that more thorough and comprehensive teaching in the subject of communicable diseases is called for and that some acquaintance with

mental diseases is certainly most important. A training which covers three calendar years should include these matters if it is to give proper return to the student for her labor and enable her to render her full measure of usefulness to society.

The war program in relation to nursing in civil hospitals must go therefore far beyond efforts to maintain in them an ample and efficient service during the vicissitudes of the war. It must go beyond enlargements of the schools by continuous influx of students to later form the nursing reserves of the Army. It must take into consideration the new needs in nursing which the war, in its long aftermath will impose upon us—and with these our training schools are deeply and vitally concerned.

The civil hospital schools have for months been making their best effort to meet the great emergency. Now the Army School has been called into existence to work not in competition with them, but as a new ally and an alliance calls for understanding and effort on both sides. We have, for instance, sent out millions of men to fight in France but we have depended upon the ships of British allies to carry 60 per cent of them. The Army School adds greatly to the sum total of nurses in training who should form a large part of our reserve power. And furthermore, the call of the Army School will be listened to by many of those young women whose understanding of life has not yet reached the heights which would enable them to see that our civil hospitals offer the same perpetual challenge to young womanhood for the service of the nation as do the army hospitals in war time. For in times of peace the student nurses in any hospital are working in some of the world's most ancient and as yet unconquered battlefields.

I think our civil hospitals may well be proud of their training schools. Any institutions which meet the crises of life as well and as nobly as our schools of nursing do on the whole, must stand among our cherished institutions and should be a matter of national pride. Their contribution to the country in this hour is whole-souled, genuine and dependable. As a recent observer in France says "the American nurses are 100 per cent efficient." "The nursing is admirable," says another, "good, solid, skilled work." Colonel, now General Finney in discussing the situation with me recently said that the country could well be proud of its army nursing service and of the quality of its work. He spoke particularly of the movable hospitals which follow the troops, and are so near the scene of action that nurses are and will continue to be under fire. This service he says is voluntary—but they all volunteer. There is no difficulty in getting them to go anywhere, no matter what is to be done. Thus far therefore, our nurses have shown a high spirit of devotion and sacrifice. They have given unstinted labor and have nerved themselves to their great tasks. They have heroically worked and heroically died. It is for us in whatever ways are fitting, to pay our tribute to such women, and to help them keep up their fine morale.

May I venture here to pay a brief word of tribute to the women at the head of our training schools. Some of the hardest sacrifices that have been made during the war have been made by these women working steadfastly at their posts, away from the public eye, and trying gallantly to meet the heavy and continuous demands which the war has brought. They have borne the burden and the heat of the day, and they deserve the fullest possible support from their hospital authorities and

the public in the truly patriotic efforts they are making.

And may I say finally a word of the whole nursing situation and of those who have been struggling with its problems. War and its challenges are new to us and most of us are not warriors. But our devotion to the best interests of the sick, whether under our care in military and civilian hospitals or in homes of any kind, is, I know, single minded and sincere. We have wanted these sick people to have the best nursing care which we are capable of giving and every step we have taken has been with that purpose and that hope in mind.

TWENTY YEARS OF NURSING IN TEACHERS COLLEGE¹

IT is my very great privilege to extend to all who are present with us to-day,—friends, co-workers, old graduates, and present students,—a most hearty welcome. We could not let our twentieth anniversary go by without asking you to unite with us in celebrating in a modest way the fact that we have very nearly attained our majority.

In its very nature, an anniversary is a time for retrospect, and in these perilous days that seems to be about the only safe thing to do. Certainly one dare not venture far into speculation or prophecy. Looking backward over the twenty years of our work here, the time seems to divide itself rather sharply into two periods: the first decade, in which our hands seemed to be tied and progress was slow and difficult; and a second decade, now just closing, in which we have been able, in some measure at least, to translate our dreams into living realities. The event which made this possible has become a date in our history, and stands out like the Reformation or Renaissance, so vitally important have its effects been upon our subsequent life and work. This

¹ Address given before the Nursing and Health Section, Annual Alumni Conferences, Teachers College, February 19, 1920.

event was the gift, ten years ago, of an endowment by our good friend and trustee, Mrs. Helen Hartley Jenkins. Only those who knew our comparative helplessness during the first years here can ever fully understand the depth of our gratitude to her. It is always a deep satisfaction to remember that this life-giving help came while Isabel Robb, to whom we owe the idea and the beginning of this work, was still living to see it securely established.

This work was primarily conceived solely for the purpose of helping superintendents of training schools for nurses whose duties usually included a good deal of teaching for which they were seldom prepared. It is interesting to remember that Isabel Robb was trained to teach and was herself a teacher for some years before she entered the field of nursing.

Two venturesome students formed our first class and I recall vividly coming up from Baltimore that first year to lecture solemnly to them on the History of Nursing and being much impressed by their enthusiasm.

It is a far cry from that little group of twenty years ago to the crowded class rooms of to-day, but I am very sure that without the faith and devotion to an ideal which permeated those early years, we should not be here enjoying the great opportunities which are ours. The College gave us much, but we also needed much that it could not give,—teaching of a kind that had to be drawn from many different sources. And we were without means. It is inspiring to recall that the expenses of that early period were almost entirely met by the contributions of nurses, chiefly heads of training schools, who paid part of the salary of the instructor in charge of our students, and of some of the lecturers. Others came in some instances at their own expense for several successive years to give instruction on hospital

and training school matters. The instructor herself, Anna Alline, gave up more lucrative work to devote herself in the most self-sacrificing way all those years to hold the courses and the little group of students together.

With the freedom which the endowment gave us to really seriously attack our problem, we reached the dignity of a department, and were able to organize and enlarge our work in order to meet the urgent needs of nurses outside of hospitals and training schools, who were engaged in the various forms of alleviative, preventive and educational work which are now grouped under the head of public health nursing. Better, perhaps, than any other way of showing what the new powers meant to our growth will be the records.

In the first ten years there were 74 students registered; in the second ten years there have been, in all, somewhat over 1,500. But this, of course, includes all registrations,—over 500 summer students, and those taking partial programs, among whom are about 120 senior students from various schools of nursing whose largest work lies in the districts of the Henry Street Nurses' Settlement, where they are getting practical training for the public health field.

From the very beginning of our work here, the attitude of the Settlement has been one of constant friendly helpfulness, and our indebtedness to Miss Wald in many ways cannot, I fear, ever be quite fully expressed. In our anxiety to create some kind of instruction which would meet the need of visiting and school nurses, I turned to Miss Wald for help, which she unfailingly gave; and when the opportunity came to her to enlist interest in our needs, she made the best possible use of it,—she told our story to Mrs. Jenkins. The coöperation between the Settlement and the Department has

become increasingly close and effective, and it affords a valuable opportunity for training or experience in the field for those students who need it. On the other hand the College renders useful service, we trust, to the Settlement.

Other relationships have been established, notably that with the School of Nursing of the Presbyterian Hospital, through which women desiring to secure a very full and thorough preparation for the various branches of nursing are offered a five-year course, partly in the College, and partly in the Hospital and in the public health field, leading to a degree and to a diploma in Nursing. We are hoping that somebody will endow this work and enable us to develop a regular University School of Nursing.

It may perhaps be interesting to mention here that there are now several schools of nursing in our leading universities, and we like to think that we have been serviceable in helping to prepare the women to direct them. The directors or deans of these schools in the Universities of Minnesota, Cincinnati, Indiana, Iowa, Texas, Washington, and recently of British Columbia, have all been students here; and one is developing the new school of nursing in connection with the Union Medical College, Pekin, China.

The request for our graduates is great. During the last ten years over 2200 are recorded, in statistics which we have not had time or persons to keep in any accurate or satisfactory form. About 700 of these requests are for public health nurses of many varieties. The requests here are all for women of high educational and professional qualifications, who in state, county, and rural health work can handle the important health and educational problems that are confided to their hands.

Ten years ago, there was no such thing, so far as I know, as a full-time instructor of nurses, trained for her work, in any one of the fifteen hundred or more nursing schools of this country. Now these instructors are in widespread demand, and in several large schools there are two or three of them. In 1908-09 we had one request for such a teacher. Last year we had 85 requests. These come from every state and from other countries. We cannot, of course, meet all of the demands that are pressed upon us, and it is clear that our effort in the future must increasingly be to throw our full strength and energy into those lines of work in which we believe we can render the more ultimately useful and important service.

While there was no other college providing the kind of instruction which graduate nurses need, it seemed necessary for us to do everything in our power to strengthen our educational defences all along the line. Now, however, there are a good many places in which courses in public health nursing are offered; and, spurred on by the National Organization for Public Health Nursing, it is pretty certain that more will rapidly arise. It is a great pleasure to find that courses of training for teachers of nursing are now being developed in a university in California, under the impulse and guidance of one of our former students. We hope this will but lead the way to as many others as can be satisfactorily inaugurated.

The problems in nursing to-day are manifold, and some of them are very conspicuous; but it does not seem to me that they differ in essentials, though they do in degree, from the problems with which every profession has to struggle. Each one of these professions (and "all of them," Bernard Shaw says, "are conspiracies

against the laity") seems to find it necessary to exercise constant vigilance to bring up and maintain its work at a level that will enable it to serve efficiently whatever public or private purpose it may have been created to serve. When Dr. Bagley laments the low standards of entrance to and preparation for the profession of teaching, and declares that the shortage of teachers is so serious that something like a million children cannot be properly taught at present, I feel somewhat more reconciled to the constant attacks upon nursing because there are not enough nurses to take care of all the sick people, many of whom under fairer and juster conditions of living need not be sick or injured. And I perceive that, notwithstanding the shortage of teachers, of doctors in rural districts, and of many other useful kinds of workers, the remedy does not seem to lie in the hasty creation of vast numbers of workers of inferior education and general equipment, but rather in an opposing effort to hold up good requirements for entrance, to improve constantly methods of training and conditions of work, and make that branch of human activity a desirable and happy one to enter.

It is quite impossible now to do more than touch upon some of the more outstanding aspects of our work during the past twenty years. But I could not close without paying our affectionate tribute to Dean Russell, who has so loyally stood by us in all our vicissitudes; to the entire teaching staff of the College, who have never failed to respond to any appeal of ours in the fullest possible measure; and also to Dr. Bigelow whose kindly, generous, and sympathetic support of the members of his staff has been so helpful that he seems to establish a new conception of the province of an administrator. And of the complete devotion of our own

immediate staff of professors, instructors and secretarial force no words can ever tell; the problems of one are the problems of all, and each has poured forth her energy with unmeasured generosity, each has created and given something of unique value beyond her stated task. To our lecturers, upon whom we lean heavily for special forms of teaching, we wish to acknowledge our constant indebtedness. What, for instance, could we possibly say of what Dr. Winslow has meant to us?

Teachers College is notable, throughout, for its spirit of freedom and coöperation; and in so far as we are concerned, any fruitful results which we may have achieved are largely due to this. We know this will hold true of the future, in which we shall be called upon to develop steadily along many paths. The establishment of this course first brought the education of nurses definitely within the province of the University and our work of the past years has been to carry it further in that direction. The work of the future will be to place it upon a sound and stable economic basis.

THE OUTLOOK IN NURSING¹

IN common with a good many other bodies of workers in what may be called the "essential industries" of life, the nurses of this country are to-day passing through a difficult and trying period.

It would be strange, indeed, if such a body as we here represent should have escaped wholly the great unrest and anxiety which is troubling the world to-day, since our work is not only bound up with the most vital things in human life, but our workers are widely distributed among its most fundamental social institutions and every-day activities, its homes, schools, hospitals, factories. We must, it appears, always and inevitably be affected by any widely pervading social attitude or movement, and we in our turn must in some similar measure affect them. Prohibition and woman suffrage are two of the recent great social movements which will profoundly affect the future of nursing. The efforts of our fellow-workers in various branches of industry to secure an eight-hour day have undoubtedly strengthened our own attempts to secure shorter hours for both student and graduate nurses. On the other hand, our requirements for admission to schools of nursing must

¹ An address given before the American Nurses' Association in Atlanta, Georgia, in April, 1920.

have a distinct effect upon the education of young women throughout the country (and, indeed, eventually throughout other countries). Our educational requirement, for instance, may either induce them to stay in high school or to drop out of it at any stage before their training there is complete, and it may thus be indirectly the means of starting them in their work in life with most doors of advancement firmly closed before them.

It is this conviction, strengthened during the war, of the interrelation of all things, and the certainty that our own difficulties are shared by, and react upon, others in a peculiarly close and intimate way, that urges, in a time like this of anxiety and doubt, the great necessity of examining ourselves and the situations in which we are involved, with exceeding care and conscience. We must give great heed to the various panaceas that are suggested, lest in our eagerness to find immediate relief we seek remedies which relieve for the moment, but do not reach to the heart of our trouble, and, therefore, afford no security whatever for the future well-being of our work and workers.

Whichever way we turn we see dangers ahead. It is certain that changes must be made in the conduct of our schools, but great care must be taken lest these imperil the good standards in our work, which have taken years to build up and establish. On the other hand, we must avoid the equally dangerous way of clinging rigidly to the things with which we are familiar when the time has come to abandon them and seek new methods.

What are the difficulties which press most heavily upon us at the moment? I imagine there might be some differences of opinion, but the heads of hospitals and training schools would probably say unhesitatingly

that the most serious difficulty is shortage of applicants for admission to their schools; physicians would insist that it is shortage of graduate nurses; and public health workers would urge that 50,000 Public Health Nurses are needed immediately.

Among nurses there is an unusual amount of unrest and of dissatisfaction with things as they are. There is much genuine anxiety that something shall be done to improve the conditions of training and subsequent work and life, and to lift nursing from the area of constant criticism and petty controversy which impairs its usefulness and weakens the strength and courage of its workers. From these workers within the field, but from a much wider circle out side of it, there is an increasing volume of critical opinion on the present system of training, its standards, methods, and results.

Reduced to their simplest terms the difficulties seem to be a scarcity of applicants for training, which creates a serious problem in hospitals, and a shortage at times of graduate nurses which presents a trying situation for the sick in their homes. Beyond this there is a deeper issue, which is not a matter of numbers, but of quality, and that is the inadequate supply of nurses of high enough educational and other qualifications to take the lead, to direct, teach and supervise in hospitals, training schools, and in the public health field.

To state these problems is to realize at once that there is nothing essentially new about any of them except in the matter of degree. They are virtually the same old problems with which we have been contending for years. Take, for instance, our shortage of applicants. I can remember no time in the past 25 years when we had not this problem to deal with, and it was inevitable, I think, that it should exist when we were trying to

meet the demands of a hospital development so overwhelming as that which actually created for its needs 697 training schools for nurses within a period of 10 years (from 1900 to 1910). Look back as you will through the pages of our journals, through the reports of our associations, and over your own immediate experience and observation, and you will find, I am confident, that the difficulty in securing enough applicants of *suitable qualifications* to provide an adequate student nursing service for our many hospitals has been an ever present one. It is mentioned and discussed again and again. Moreover, it should be remembered that this growth of training schools is still going on, and our demand is a progressively enlarging one.

It is true that certain training schools have been comparatively free from anxiety on the score of applicants, but that number has never been large, and it is true to-day, even with the acute shortage, that some of these schools have about the usual number of applicants. But our deficiency in suitable applicants, on the whole, appears as a fairly constant problem from which we have at no time been entirely free.

The stimulus in nursing aroused by the special efforts made during the war brought a greatly increased number of students into our training schools. These schools are not permitted to return gradually to former normal conditions, but are hurried from a state of comparative affluence in students to poverty by the disturbed conditions resulting from the war and pervading almost the entire working world. This is creating an extreme shortage of workers, which in some occupations and professions is much more acute and distressing than in our own.

There is a shortage of teachers, physicians, of trained

clerical workers of all kinds, of engineers, of librarians, always of clergymen, and probably of pharmacists, or we would not find glowing articles pointing out how excellent a profession it is for women. The shortage of physicians in rural districts is very serious. Out of 58 requests recently received from such sections the New York State Department of Health could find only five physicians willing to settle in them, and the reasons given, along with the condition of highways, lack of plumbing and heating, was the "lack of trained nurses." In Massachusetts this shortage of physicians is said to be even greater. The Associated Technologists recently at a meeting in Philadelphia discussed the very grave problems caused by the "appalling shortage of trained men" in their line of work.

But the conspicuous example of shortage of trained workers, one which has filled the press for several months, is that of teachers, which is authoritatively stated to exist in an acute form in every State. The National Education Association reported recently that nearly a million children are out of schools because teachers cannot be found for them. In New York City alone, which employs over 23,000 teachers, there have been a thousand resignations within the past five months. The normal training schools are said to be unable to attract more than a small fraction of the recruits needed for this service each year. In discussing the problem, expert educators speak of the present critical situation as due to the war, but they go further. They state clearly that it is primarily due to social and economic conditions which were already in evidence long before the war began, and sooner or later would have produced the present results.

It is obvious that nursing is only one among many

important occupations which finds itself unable to meet the demands of the day, and the question that is most pertinent, therefore, at the moment and of particular interest to us, is how these other numerous occupations and professions are proposing to solve their problems of shortage. As far as can be discovered, their efforts all center and converge in one general tendency. Everywhere they appear to be directed toward improving the conditions under which each particular branch of work is carried on so that it may offer a more attractive and worth-while field of activity to whoever contemplates entering it. Everywhere they are planning to provide better and sounder training for the workers in order that the service they may give to the community will be of a kind to command increased public respect, opportunities for progress and promotion, and appropriate reward, and consequently greater satisfaction, freedom, and happiness in work.

In teaching, for example, it is urged that the present low educational requirements for entrance to teaching be made universally higher, the course of professional training for teachers be lengthened and improved and more widely applied in order that better and more effective work may be done in our public schools, and the workers attain a higher status.

As to physicians, whatever may be done to meet the shortage in rural districts or elsewhere, there is nothing much more unlikely than that medical education will permit any of its present high standards to be lowered the smallest fraction for that purpose.

Turning to professional engineers, we find improvements and advances in their training urged, not only because of shortage, but, as Mr. Hoover interestingly points out, because of the greater rôle that 100,000

professional engineers must in the future play in solving national problems.

Might we not assume that our 100,000 professional nurses have also an important part to play in the solution of some of our national problems, and that the education and training which is to fit them to play that rôle well is therefore a matter of national concern, and may we not draw from the collective wisdom of workers in older occupations than ours, of longer and wider experience than we possess in attempting to meet the same difficulties? Surely we are justified in expecting that such efforts would help us to answer, at least partially, the questions arising in our own field.

It seems clear that while there are doubtless temporary measures to be taken that might tide us over the present insufficiency in numbers of applicants, there is but one method by which we may hope to remove it, and that is by removing the causes. The most careful study of our situation shows unmistakably that nursing stands in much greater need than most other professions, of marked improvements in standards of education, in methods of training, in requirements for entrance to its schools of nursing and in appropriate compensation for its workers.

Giving every possible recognition to the advances that have been made in these schools during the past decade or two—and by what superhuman effort only those women know who have carried them through against the inherent difficulties which the system of government almost automatically opposes—and allowing for all of the peculiarly valuable aspects of our practical training, its richness in realities, it is probably true that our educational weaknesses are among the chief causes for our insufficiency of applicants, and in particular for the scanty

supply of the better qualified women for whom we are everywhere suffering. Any attempts, therefore, to meet the present difficulties by lowering any of our present inadequate and hardly won standards will only ensure the continuation of those difficulties and render it absolutely certain that we shall have to deal with them in a more aggravated form later on.

When 60 years ago Florence Nightingale founded the first training school for nurses, she opened up a whole new world to women. To thousands of them, women of unusual character and ability, it gave free outlet to humanitarian and religious impulses and offered a wide field for their practical energies and capacities. Apart from teaching, there were then and for a good many years after, no occupations to compete with nursing. To-day there are literally hundreds of occupations offering many attractions. They open up quite as large opportunities for useful service, provide freer and often more congenial conditions of life and work, and are reached in most instances by a much less laborious, severe and prolonged process of training.

At the time that Miss Nightingale was evolving this system of training, the economic conditions of the day made long hours of work and low wages, particularly for women, accepted conditions. The traditions of the free service of the religious orders which hospitals had long enjoyed strengthened this attitude and made it difficult for them to get a correct point of view on the value of nurses' work.

As to an educational point of view, in so far as nurses are concerned, hospitals never *did* get that and they *have not got it yet*, though they control one of the largest educational systems in existence. Meanwhile during the last half century almost all educational systems and

theories have changed radically, and the apprenticeship methods upon which nursing was originally based has been virtually abandoned by them for years. Obsolete elsewhere, it still survives, however, in schools of nursing, and to this fact may be traced most of those weaknesses in our present methods of training which we ourselves deplore, but are powerless at present to alter materially or permanently. Until the commercial value of the student nurse to the hospital is entirely eliminated from the question, and that task is going to be, as William James said of the war to end war, "no holiday excursion," we shall be working under a system in which the educational interests of the training school will be in perpetual conflict with the economic interests of the hospital.

How to lift this important branch of women's education from its present state of weakness and insecurity, and to place it where it will not be the storm center of those conflicts, is our ever present and increasingly urgent problem, and it is my belief that in solving this we shall also solve in a considerable measure the problem of scarcity of applicants. The first steps toward any real solution must obviously lie in efforts to secure funds for the separate maintenance of training schools, either through endowments or State or municipal aid, and through such changes in form of government and policies as will fundamentally alter their relation to hospitals and free them to work out their own problems. Some beginnings in the direction of a sounder educational and economic policy have been made in the schools of nursing which have recently been established in connection with a few well-known universities.

Following in the footsteps of the University of Minnesota, which ten years ago led the movement in this direction, we can now point to a number of schools of

nursing, fifteen or twenty perhaps, carried on either under the direction of universities or in more or less extensive coöperation with them, and to a healthy growing interest in this new relationship. We are happy to know that the University of Georgia is included among those sharing this important forward educational movement and we do not forget that there is another prominent university, Emory University, in this city,¹ which has before it an unusually promising opportunity to share also in the development of better training for nurses.

The writer believes that the education of nurses will eventually have a considerable place in the work of the universities of the country; that schools of nursing will be gradually developed in a good many of them which in general plan and arrangement may be not unlike our schools of engineering. There would be an interesting parallel in the methods by which nurses might be prepared for the different branches of their work and those which have been developed for the training of mining, chemical, mechanical, electrical, sanitary or civil engineers.

The training of all of these rests upon a fairly uniform, common scientific and cultural foundation, covering well defined ground, but at a given stage the training branches off and a special curriculum is provided for each group, made up of such subjects as are best calculated to equip them for the special lines they propose to work in.

In some such manner, apparently, the training of nurses must be shaped in order to prepare them adequately for the various specialized fields of work into which they are called—each with its own peculiar needs of a particular kind of knowledge and skill—yet all resting upon a common foundation of education and hospital

¹ Atlanta, Georgia.

training. This need for differentiation stands out clearly in the public health nursing field, which embraces within itself many highly specialized branches, such as pre-natal work and maternity work, infant hygiene, school nursing, industrial nursing, mental hygiene, etc.

The opportunities for working out such a scheme of training can all be found in many places throughout the country. There are hundreds of universities, thousands of hospitals and training schools and an infinite variety of existing health agencies which under proper direction could easily unite to provide for the training of nurses, that which no one of them alone can give. It should not be difficult to extend pretty widely here the principle of coöperation for educational purposes, which is well established in other professional branches and has made already a fair start in nursing. There is an interesting diversity in the methods by which such coöperation may be worked out, as the recent plans for the Harvard Engineering School show, and as the University of Cincinnati has shown in many of its departments, including the young School of Nursing and Health which is conducting an interesting and important experiment of this nature.

Significant, however, for the future of our work as this new line of advance may prove to be, we must not overestimate its present importance or dimensions, but should realize that our great efforts must for some time to come be directed toward the immediately necessary improvements in the hundreds of hospital training schools which form the bulk of our educational system. These schools—1,586 of them are now listed as accredited schools—have at all times about 50,000 student nurses in training and they graduate approximately 15,000 nurses each year.

What can be done to ensure the keeping up of this large supply of students? For it is clear that it must not only be maintained but increased if we are to meet at all adequately the insistent demands of the public for a good many more nurses, as well as for a much better educated and trained body than is now issuing from our schools. The problem does not limit itself to hospitals which need the students for their nursing service, but it does *center* there, since hospitals control the entire educational system in nursing and consequently the product both in amount and in character is at present determined by them. The public has nowhere else to turn to supply its needs, and these are great in every single branch of nursing. Our private registries report thousands of unanswered calls yearly. None of our hospitals and training schools can secure enough properly equipped nurses for staff appointments as head nurses, supervisors, assistants, and instructors. It is looked upon as little short of a calamity when an able superintendent of nurses resigns her position, so great is the difficulty in filling her place. As for the public health field, keeping pace with its requirements is out of the question, but it should be remembered that here an enormous stimulation has been carried on for some time which was bound to result in demands which could not be met.

Nor should we forget, in considering the whole present situation, that we are not able as yet to call upon our normal supply. A good many unusual conditions have played a part in reducing considerably the number of graduate nurses available at present for what are known as the regular fields of work. The Red Cross, for instance, has drawn extensively (and selectively as well) from the general supply in organizing and developing

the very large nursing personnel which its numerous activities require. And in the extraordinary tasks to which they have been called during the past few years, war and epidemic have taken a heavy toll of our members. So the problem before us appears to be not merely to keep up to ordinary standards the number of students entering our schools of nursing, but to attract a considerably larger number in order that the vacancies in our ranks through death and disability may be filled, and the growing volume of appeals for nurses may be answered in some satisfactory measure.

There is but one way through which we can hope to accomplish this, and that is by removing the defects in our training schools, of whatever nature, which are keeping young women out of them. There is no other possible remedy for our troubles, and it means unmistakably a genuine and sincere effort at real reforms and probably some quite fundamental changes in our present ways of working. From the careful study through trained investigators of our whole educational system which is now being conducted by a committee at the instance of the Rockefeller Foundation, we are justified in expecting a body of expert information and advice which will guide us in effecting such reforms as may be necessary.

There are certain improvements, however, that we should be able to make without waiting for suggestions from any source, and it is encouraging to realize that some of these are taking place in schools of nursing all over the country, even under the stress of scarcity of students and a positive famine in about every other kind of worker.

The worst evil we have had to deal with, the excessively long hours of duty for student nurses (and for graduate nurses, too, for that matter), though still widely prev-

alent, is slowly giving way to pressure of public opinion, and recent statistics show that during the past year the number of schools adopting an eight-hour day has considerably increased. It exists in some form or another in about 200 schools, and its introduction into a good many others is stated to be delayed only by the present scarcity of applicants.

Curiously enough, while the shortage of students delays this reform, it hastens others, for, in order to conserve the student nurses' time and strength for the nursing which she alone can do, many of the routine household tasks, which have hitherto made a heavy drain upon her best energies, are now being transferred to others. It is astonishing and encouraging to see what can be done in this way when necessity requires it. It turns out to be quite easy after all for hospitals to conclude that ward helpers of various kinds may take over a considerable proportion of that miscellaneous assortment of tasks which for years have been assigned to student nurses as a systematic part of their training and called "good experience for them." The shorter hours and elimination of this routine house-work will do much to make our methods of training attract and satisfy the intelligent young women who are so greatly needed in every branch of nursing and public health work.

The next serious weakness with which we have to contend lies in the character and amount of teaching provided for student nurses. There is urgent need of better work in this direction, of a wider range of subjects more thoroughly handled, better equipment in the way of class rooms, laboratories, libraries, etc., just such provisions, in fact, for teaching as are commonly found in all other professional schools.

The practical training in the wards requires more

careful supervision of an instructive kind and there is crying need for a more just apportionment of the student's time in the different services. Statistics show how heavily one service may overbalance another, and how constantly the private wards mean merely a repetition of ground already covered in the free wards.

Beyond this, we need to set ourselves deliberately to work to provide for our students a happier and freer home-life than they now have. There is a whole range of interesting possibilities in this direction which might be worked out to the great benefit of the students. Entering as they now do at a much younger period than formerly (our system was created for mature women—they were preferred in the early days, and the entrance age was about 25 years), it is essential, if we want a healthy minded student body who will maintain a good morale, that abundant wholesome recreation should be available. It is needed to offset the serious trend, the severe exactions, and the abnormal atmosphere and conditions of hospital life.

But by far—very far, the greatest need that we now face is that reasonable educational requirements shall be steadily upheld. We are moving in that direction, but very slowly, and it is a fundamental matter that calls for constant vigilance. The nurse who has not had at least a high school education or a full equivalent, even though her professional training has been excellent in character and has covered three full years, and even though she has genuine natural ability, finds many doors to advancement in her work firmly closed. The barriers to progress, which a deficient general education sets up, are among the most distressing and most discouraging problems which nurses of to-day individually and collectively are facing.

It would be true to say that the quality of our work throughout and its standing in public estimation will be determined by the admission requirements to our training schools. It will rise in pretty direct proportion to the degree of general education on which our professional training is based. A body of highly qualified workers will tend to create the conditions under which they can work effectively, they will command a larger public respect, and the branch of human activity which they represent will seem a desirable and promising one to enter, and will draw a larger and a superior body of women to it.

It is evident that any effort to meet the shortage of applicants by lowering the requirements for admission, or the standards of training, would be a most shortsighted and unstatesmanlike policy, destructive to the future of our schools. Instead, therefore, of considering such measures in the hope of securing relief through them, let us urge forward with all our energy every possible improvement which can be brought about in our training schools, in our hospitals, and in the conditions controlling our professional life and work, in order that the educated young womanhood of this country may turn eagerly toward nursing instead of away from it.

So far we have dealt with the shortage of applicants and with efforts to remedy it through finding and removing the causes. I am inclined to think we should apply the same method to the shortage of graduate nurses, and try to find out why women who have been trained for nursing are leaving that field for other occupations. There must be reasons why nurses are deserting the ranks to become anæsthetists, laboratory and X-ray workers, history takers and office assistants and secretaries to doctors and dentists—(a whole class full of

dental hygienists in training at a certain college were found to be nurses). Few, if any, of these occupations require a trained nurse to perform them and if there is any way of making it possible for these valuable women to continue in the work which they alone can do, we should try to discover it.

It appears to be true that a good many nurses who love their work and would prefer to continue in it feel it to be necessary to turn to another occupation, which permits them to have some sort of home life, and a normal relation to the rest of the world. Private nurses find these very difficult to maintain, and they are of course entirely out of the question at present for hospital and training school workers. Yet there is a gleam of light in this direction, for some instructors in training schools are living in their own homes and so are social service workers, and there appears to be no insuperable reason why certain other members of the staff might not do so.

In thus attempting to review the situation in nursing, the problems of the moment because of their urgency have naturally taken a large place. So constantly indeed do they occupy our thought that it is difficult to prevent them from obscuring the real issues. They confuse our judgment. We should take a longer view, and in that perspective realize that we are probably reaping exactly what we have sown, and that if we hope for a better harvest in the future, then our sowing must be of a different character. We must get rid of the antiquated ideas and methods that encumber us, and face the facts in our present situation squarely, no matter where they lead us.

At no time in the troubled history of our work in this country have we needed higher courage, more wis-

dom and greater faith than at present. But somehow when I look back over our achievements during the past twenty years and realize that they were brought to pass under difficulties which liken them to the tasks of Sisyphus, I am confident of our ability to solve aright, given freedom to do so, the critical problems of our work and its future. For it is obvious that our training schools are steadily, even if slowly, becoming better organized and equipped, hours of duty are shortening, good homes for students are arising, and a freer and wiser discipline in student life is gradually developing. Improvements are taking place in the quality of teaching, university schools of nursing and also the special courses in public health work, opening up in various places, are building up a new and wider interest in nursing and a more correct conception of its values and its needs. And further, there is much definite evidence to show that our long struggles for better educational standards are bringing results, for school after school reports that a steadily increasing number among its entering students are young women of excellent educational and other qualifications.

Nor are these advances limited to the schools. The deep and unflagging interest of the entire profession in the improvement of nursing through better methods of education and training is shown in the work of their associations, national, state, local, in their vigilant and vigorous efforts to uphold good standards for the care of the sick through appropriate legislation; and in their publications of various kinds.

Perhaps nowhere is it more clearly shown than in the establishment of the large scholarship funds, created by nurses for each other's help—the Isabel Hampton Robb Fund, a permanent fund, the income providing

several scholarships annually, and the special funds of the Red Cross, and the National Organization of Public Health Nursing.

It is, I think, of considerable significance that when American nurses wished to establish a memorial to their sisters who died in the service during the war, they made it a living memorial testifying to their belief in the supreme importance of education. It is dedicated to the education of future nurses in France to perpetuate there the system to which we owe our great allegiance, and to take the form of a building called the Florence Nightingale School for Nurses, to be established in connection with the Maison de Santé Protestante at Bordeaux. The sum which the nurses of this country have so far given is about \$45,000 or approximately 500,000 francs.

Professionally, nursing has moved out onto a broader stage. In certain phases of its work, most notably in public health nursing, it has set up an entirely new group of relationships which are making searching demands upon our collective ability, wisdom and statesmanship. The nurses who represent us here have met the situation with large vision, abounding energy, and a fine progressive public spirit. They have made a great and much needed contribution to the development of our work and at the right moment.

As to the rank and file of the nurses of this country, they have passed in swift succession during the past few years through the awful tests brought by the war and the epidemics. To the courage, endurance and fine spirit of devotion with which they as a body have met these crises no poor words of mine can ever pay a fitting tribute.

If the outlook for the future of nursing may be in

any measure forecast from the work of the past, from the strivings and aspirations as well as from the actual labors of nurses, we are, I think, justified in looking forward to the inevitable changes before us, confident that they will ultimately be worked out with no sacrifice of our cherished ideals and principles.

ADDRESS OF WELCOME ¹

I AM not down on your program for an address, but for the usual classic remarks which the person, who offers a welcome, is expected to deliver. But there are a few things I would like to say to this audience of nurses to-night, and I hope you will permit me to substitute these for the usual formalities and merely offer you on behalf of those whose spokesman I am for the moment, a welcome which is warm and sincere. The several thousand nurses of this great city, the many hospitals and health organizations, in which nurses labor in increasing numbers, the schools of nursing in which future generations of nurses are being trained, the University which I represent, all are glad that you are here. They understand fully the enormous importance to public welfare of healthy growth in the nursing profession, and know that this can only come through an intelligent handling of our numerous problems. They realize that such gatherings as these provide a most important opportunity for consideration of these problems and they trust that the result of the conference of the coming days will be to bring nearer those improvements in our work which are the main

¹ Read at a meeting of the New York State Nurses' Association, held in New York, October, 1922.

purpose in all our endeavor. I am sure that the welcome of our co-workers, the physicians of this city, would be no less cordial.

We are meeting to-night, it seems to me, under happier conditions than at any time for many years. Our long anxiety over the scarcity of good applicants for admission to our Schools of Nursing, has given way to confidence and hope, as encouraging reports come from many quarters, of the steady increase in well-qualified applicants. Some schools have admitted this autumn the largest and best equipped classes in their history, and one or two schools are now in such a position as to be able to write that their classes are full and they can admit no more students until the autumn of next year, 1923.

After the prolonged and unscrupulous attacks upon schools of nursing and nurses which have been carried on persistently throughout the country for the past two or three years, and which have shown many of the now familiar ear-marks of a deliberate campaign against the education of nurses, it is rather surprising that we have been able to keep our schools of nursing going at all. It speaks volumes for the worth and the vitality of the work which they have done, that every prospective candidate has not been driven by this stream of destructive criticism, away from schools of nursing and into those of some other profession. It would be hard to overestimate the importance at the present moment of this large influx of students which includes, it is said, a good many of an unusually promising character. For this not only brings relief and a sense of security at a very critical period to our schools, but it holds also encouraging potentialities for the future.

Prominent among the other things which are afford-

ing us satisfaction at this time, is the quiet steady growth of what is called our National Headquarters, for which I think, it might be well to find a different name. To the activities of two of our great associations which are already centered there, will soon be added the offices of our oldest Society of Nurses, the National League of Nursing Education, which will thus find its greatly needed and long desired home. One of the offices of the *American Journal of Nursing* has recently been established here, and there will now be possible that interchange of information and ideas which can do so much to bring about mutual understanding and unified effort. A lively and healthy growth in all of the branches of our professional associations should come from this easy working relationship.

But by far the most important recent event in nursing is the publication of the report on Nursing Education just issued by the Committee on Nursing Education appointed by the Rockefeller Foundation, for in it are presented the conclusions reached after nearly three years of patient, careful and searching investigation of the education of nurses and it is of these that I would like to speak to you briefly this evening. The report takes up in detail, subject by subject, and point by point, the problem of nursing education as studied by the investigators and analyzed and interpreted by Miss Goldmark, in constant conference with members of the Committee. This report is intensely interesting and stimulating.

It is as a whole, that it should be considered, since it deals with the whole nursing situation, in which the various parts are so interdependent that the efficacy of certain recommendations depends greatly upon the way in which the others are carried out. As important

parts of the subject are to be fully considered later in the program, I shall merely run briefly over the recommendations and try to visualize with you what they may mean to us and to others if adequately carried out.

First, we should all realize clearly that the Committee finds none of our present standards of nursing any too high and for certain phases of our work they are not high enough. Its utterances on this subject are explicit and emphatic.

“For the care of persons suffering from acute and serious diseases (for whom let us remind ourselves the training of nurses was originally developed), the safety of the patient and the responsibility of the medical and nursing professions demands the maintenance of the educational standards now generally accepted by the *best* sentiment of both professions and that any attempt to lower these standards would be fraught with real danger to the public.”¹

It goes on to say that the good of the community calls for the recruiting of a larger number of young women of good natural capacity and the provision for them of a sound and effective education. The further development and strengthening of university schools of nursing of a high grade is urged as of fundamental importance—for the basic training of leaders and teachers to whom must be entrusted the development and standardizing of procedures for all nursing schools; for a permeating influence which will give inspiration and balance, and gradually improve the efficiency of every institution for the training of nurses. This is the keystone of the entire arch.

¹ *Nursing and Nursing Education in the United States*. Report of the Committee for the Study of Nursing Education. Macmillan Co., New York, 1923, p. 13.

It is important for us to realize that certain policies for the improvement of training schools which the Committee upholds in its strongest recommendations, have been urged by nurses for a good many years. On the subject for instance of endowments or other financial support for schools of nursing it says,

"If the community needs and desires the services of competent nurses for the care of the sick and of public health, it must pay for their education, as it pays for every other conceivable kind of education."¹

Again,

"It is fundamental to its success that adequate funds should be available for the educational expenses of the school and for the replacement of student nurses by graduate nurses and hospital help in the execution of routine duties."²

The Committee asserts with emphasis its conviction that the shortcomings of our schools to-day are *primarily* due to the lack of independent endowments for nursing education, and the final recommendation reads as follows:

"The development of nursing service adequate for the care of the sick and for the conduct of modern public health campaign demands as an absolute prerequisite the securing of funds for the endowment of Nursing Education of all types."³

The Committee sees clearly the insuperable conflict of interest between the school and the hospital, due to the

¹ *Nursing and Nursing Education in the United States*. Report of the Committee for the Study of Nursing Education. The Macmillan Co., New York, 1923, p. 29.

² *Ibid.*, p. 23.

³ *Ibid.*, p. 30.

difference in their fundamental aims and purposes. It points out that the hospital properly aims to care for the sick at a minimum cost, while the schools equally properly aim to educate nurses by concentrating a maximum of required training into a minimum of time. It states that the training of nurses is still in the main actually directed by organizations created and maintained for the care of disease rather than for professional education, and it concludes that one of the "fundamental essentials for the maintenance of a successful school of nursing (such as is described by the Committee), is that it shall be directed by a Board of Committee organized more or less independently for the primary purposes of education. The "interests," it asserts,

"of hospital management and educational policy must necessarily at times conflict and unless the educational viewpoint is competently represented, the training school will infallibly suffer in the end."¹

Those among us who have for years insisted that the School of Nursing could not do its work properly because it was not free to do it; that it could not fulfil its real purpose without the independence of policy and action which a separate status and government would provide, are finding their convictions on this point amply confirmed.

Incidentally the Committee report will bring no balm of Gilead to those who have been determined to have a shortage of nurses which could never end. The Committee sees no evidence of any such shortage in

¹ *Nursing and Nursing Education in the United States*. Report of the Committee for the Study of Nursing Education. The Macmillan Co., New York, 1924, p. 23.

normal times except in the rural districts. But here the shortage of doctors is an even more serious problem. Both are economic in nature and largely beyond the power of either profession to solve. Finally—the hardest blow of all—the Committee does not think the remuneration of private nurses is too high, considering the conditions of their work. Chief among these is the seasonable nature of the demand.

The Committee stands unfalteringly for high ideals and worthy standards in the education of nurses, and in order to secure them it is convinced that certain changes should be made in the prevailing system. Its studies of the work of student nurses in several representative hospitals over a long period, showed unmistakably that from one-fourth to one-fifth of the student's time is wasted in unskilled and educationally unprofitable work, much of which could quite well be performed by ward-maids. They also showed how continually the apportionment of the student's time is dictated by the needs of the hospital in various services, rather than by the needs of the student for a definite amount of training in a definite service. They revealed a system of hours of duty which they state is in itself a "fairly complete obstacle to educational achievement." Irregular and excessive and unproductive night duty is, they say, the rule rather than the exception. As to teaching, the constant difficulties here are inadequate teaching equipment, and instructors who have not been trained to teach, or who are so handicapped by having to teach too many subjects or by having to perform other duties that they are unable to handle their work well.

The all but universal waste and misuse of the student's time has led the Committee to conclude that

the period of three years now required in the majority of schools is not necessary, and that with proper use of the time and with other essential conditions duly guaranteed, a better course of training can be given in a shorter period.

The recommendations of the report on the shorter but richer plan of training, may be summarized as follows; there should be established high school graduation or its equivalent as an entrance requirement; a considerably enlarged curriculum calling for 8 to 9 hours weekly of theoretical instruction for all students; a maximum of 48 hours weekly of ward work; the employment of enough graduate nurses, hospital helpers, and other paid workers to release the students from unsuitable hospital duties; enough adequately trained teachers and supervisors; properly equipped laboratories; adequate financial support; and a separate board or committee to be responsible for the conduct of the school. Under these conditions *but not otherwise*, the Committee believes that a course of two years with four months of pre-nursing instruction will provide better training, attract more and better candidates, and produce more satisfactory results than the three-year course as now generally conducted. It should be pointed out that this proposed course covers in all twenty-eight months, and that in actual amount of time devoted to study and training, this exceeds three college years of eight or eight and one-half months.

In the face of the mass of evidence which has been submitted by the Committee, I believe we must agree that the conclusions reached by it are reasonable and just. I believe that the facts of our own experiences and knowledge confirm those conclusions. Those of us who, many years ago lengthened the two-year course

of training to three years, confident that this measure would solve many of the educational problems we were then struggling with, must surely see that we have not been able, even with our best efforts, to make the three years what we intended it should be educationally. We have found no just and certain way of utilizing for the benefit of our students, the full time of the added year. If it is urged that better use of the time can and will be made I can only say that after thirty years of experiment with the three years' course, I see no sufficient reason for assuming that this will be done under the present system which vests the full control of the school in the hospital.

We come now to the question of attendants. Twelve years ago in Albany, Miss Goodrich urged the importance of training and licensing attendants, and since then the laws in several states have made these provisions. We have before us not a new idea, but a new presentation of the importance of an old one. In 1910, the census showed one-third more attendants or "practical nurses" than trained nurses; by 1920 the number of trained registered nurses had increased enormously, but the records still showed more attendants than registered nurses.

It appears evident that attendants are wanted and used in fairly large numbers and that there are more cases of mild, chronic and convalescent illness to be cared for than we had supposed. It is perhaps true that we nurses have not given this subject the attention it merited, but that might be because we have had to devote just about all the time, energy and resources we have had to defending and safeguarding such educational standards as we have been able to win for our schools of nursing. At any rate, the question of attendants is before us

once more in this report. It does not appear that any great increase in numbers of them is required, but that those entering this field should be properly trained, and this is a much more difficult piece of work than it seems. We have undoubtedly to recognize that attendants will in the future, as in the past undertake or be pressed into work which will be far beyond their knowledge and skill. But we should also recognize that, on the other hand, highly trained nurses are often found, occupied in services which require very little knowledge or skill, services which could quite as well be performed by an attendant or sometimes even by a maid of superior intelligence. There is surely something to think over in this situation, which is certainly at least not economically sound.

As to the training of attendants, we shall probably have to give that a good deal of careful attention. They should be inspired with the same kind of respect for their work and acceptance of its responsibilities that we have found helpful and strengthening in our own work. And I think some way must be found by which those trained attendants, who show marked capacity, intelligence and ambition can go further in their work. I am sure there should not be any group of workers who can see no door of further opportunity open to them.

I make no apology for devoting so much time this evening to the problems of our schools of nursing. I can see no place in which the sick are cared for which is not largely dependent upon their work. I can see no hospital, no physician, no health officer, whose work is not affected, often profoundly, by the kind of training given in these schools. There is no private nurse here to-night who is not concerned with what her school was able to do for her and what other schools are or may be

able to do for her co-workers, because it is our schools that will either keep up or break down the good repute of our profession. Every superintendent of nurses here is interested not only in those improvements which fortunate conditions may enable her to make in her own school, but in the struggles her colleagues all about her are making to uphold good standards of work and teaching. To the instructors and supervisors, the schools of nursing are about the most important thing in the world, because these women are the future heads of our schools. They must be—we have no other source to draw from. Finally in our youngest and most vigorous offspring, public health nurses, we reach a group extraordinarily dependent upon the equipment which the school has given them for their daily tasks. Because we are all of us so inextricably bound up with our schools, their future is a matter of our deepest concern. Their good fortune is our own good fortune and their troubles and dangers are our very immediate business, which we neglect at our own peril.

What is of supreme importance to us is that we should not fail to search for the truth concerning any part of our work, that we should not fail in the courage and the honesty to follow where that truth leads us.

THE EVOLUTION OF NURSING EDUCATION FROM HOSPITAL TO UNIVERSITY¹

MY subject to-day is chosen for me. It is the "Evolution of Nursing Education from Hospital to University" and I suppose you will expect me to show how it has come about. May I first venture to say at the outset that I am not at all sure it has yet come about. Evolution is a long slow process, usually a difficult and often a painful one, and the most that I think we dare say is, that our evolution in the direction of the University seems to be beginning. A glance at the facts in the situation will perhaps convince you of this truth. For it shows that there are approximately 2000 schools of nursing and that about 15 of them are actually in universities—that is, about three-fourths of one per cent of the entire number. The other ninety-nine and one-fourth per cent are safely lodged in hospitals, and summoning all the confident optimism that I possess, I seem to see most of them remaining there for a long time to come.

The measure of this relation of University to Hospital Schools of Nursing seemed to me to be symbolized

¹ From notes of a talk given at the Celebration of the Fiftieth Anniversary of the founding of the Connecticut Training School for Nurses, May, 1923.

in a way at the recent celebration of the fiftieth anniversary of the opening of Bellevue Hospital School of Nursing. The great hall in which the ceremonies were held was filled, floor, platform and galleries, with many hundreds of nurses representing a large number of schools. The light working uniform which they wore, symbolic in itself of labor, of a special form of service, seemed as one looked across the house, like a veritable sea of white, but in one corner of the hall one's eye caught a dark-clad group, nurses holding the Bachelor's or Master's degree of Columbia University, wearing their academic gowns and hoods,—a significant group undoubtedly, but as yet a very, very small one,—the beginning, perhaps, of a new order.

The Connecticut Training School for Nurses whose fiftieth Anniversary we are to-day celebrating, has the distinction of being one of the three first Schools first established in America. That those who created them were well guided in certain important ways, is shown by the fact that these early schools were not placed under the government of hospitals, but under quite independent and separate Boards or Committees who had the power to develop in any desired way this new branch of professional education for women. Then, as now, it fairly bristled with problems of a peculiarly subtle and complex nature. Some of these were doubtless unrecognized, but, there were enough left apparently, to make the situation pretty difficult for the Committees which were composed chiefly of women, of philanthropic motives, but little experience in educational work. Too difficult it eventually became for most of them.

From the beginning the hospitals were the Schools. There was little beyond them to justify the use of that term. The student nurses worked continuously by day

and by night in the hospital wards, and it would be almost true to say, that whatever was needed, in the care of the sick that could possibly be done by students, became incorporated into the range of their duties.

It should be remembered here, however, that the very essence of Florence Nightingale's reforms in Nursing lay in creating the right environment and conditions for the care of the sick, and that since one of her first large purposes was the reform of hospital nursing it was almost inevitable that these early training schools, should at the outset penetrate fully, and with authority not only into the hospital nursing service, but in some measure into various other departments.

The matters of food, diet, linen, and other necessary equipment and supplies, and also of all forms of household service, are of paramount importance, as a basis for good nursing, and it would not have been possible to make the required reforms in the care of the sick without first instituting certain radical improvements in their surroundings, in fact, in the whole domestic régime. It is hardly necessary to point out that in order to get these things done at all, the nurses themselves had to do many of them. Of course after a while it came to be an accepted thing that these should form an essential part of nursing, and having thus slipped into the daily work and lives of nurses, they eventually entered into the scheme for training of nurses everywhere. This it seems to me, accounts, at least partially, for the survival in nursing for so long a period of such a curious assortment of domestic duties.

Without questioning in any degree the usefulness of some of the knowledge and skill thus acquired by student nurses, it is certain that a good deal of it was gained at the expense of something much more vital. The

essential knowledge for them was that concerning disease, how it comes about, what it does, and how best to help those suffering from its invasion. The student's purpose in entering a Training School for Nurses was in order to obtain, under appropriate conditions, this knowledge and this skill. The knowledge covers a considerable and fairly well defined field—the skill can come only through carefully selected and systematized study and practice under expert guidance and supervision.

For many years, however, the educational scheme in Training Schools for Nurses comprised little beyond such information and training as accrued from the various activities which went into the day's work. There was in addition a small amount of formal instruction, limited to the first year and consisting chiefly of lectures irregularly given by voluntary lecturers. The real function of the School of Nursing was not education but service. The whole attitude of hospitals was imperative of that point, and in the printed announcements for many years you will find it explicitly stated that hours "off duty" daily, or a half day during the week or on Sundays, were allowed, not as the right of the student, but only "if hospital exigencies" permitted. (I suspect it would not be difficult to find some such statement in some training school announcements of the present day.) Isabel Hampton, when speaking of her training in the Bellevue School for Nurses used to say that hospital duties not infrequently kept her and other pupils from attending the single lecture weekly which the curriculum of her day provided. And the same attitude is even now clearly discernible in certain schools where there lingers a kind of tradition that every hour the student nurse spends in class-room or study is somehow taken away from the patients to whom it really belongs.

Small wonder that hospitals sought to gain full control of so useful an instrument for service, but it is a matter of wonder to some of us to-day that they obtained it so easily, and that no one seems to have seen the logical result of placing schools so completely in the hands of those whose main object in desiring control was not the education of students, but the use of them to serve hospital needs.

One of these results, the most serious and far reaching of them, has been the indoctrinating, as it were, of whole generations,—the public, physicians, hospital authorities and nurses themselves, with the idea that the education of nurses differs from other forms of professional or vocational education. It is astonishing how few there are who realize that the principles and policies which have gradually been developed and established in the conduct of education and of professional training generally, apply at all to the training of nurses, and that the safeguards which it has been found necessary to throw about students of other vocations are equally necessary for them.

As an example let me cite the perpetuation of the belief that Schools of Nursing can be carried on without expense to the hospital or whoever conducts them. This is of great significance, since it shows complete disregard of the question of cost which is indispensable in the conduct of all genuine educational work. The ultimate effect of such fundamentally wrong ideas about the education of nurses could be traced down to the present grave conditions which we are now trying to remedy. We are dealing to-day with those outworn and discarded methods of the past, which have been strangely held and have universally prevailed in Schools of Nursing for the past fifty years. During this long period with one or two

exceptions the whole direction of these Schools in every phase of their life and work has been entrusted to the hospitals which owned them. It comes therefore with the shock and force of a new idea, that any other institutions or persons have a legitimate concern with the training of nurses. That this branch of education comes appropriately under the direction of Universities is not only a new idea, but to some of those concerned in one way or another with nursing and nurses it is probably a distinctly unpalatable one. As the idea spreads and grows, and begins to take effect in one form or another in the Universities of this and other countries it is likely to encounter some at least of the kind of question, criticism and opposition that similar important reforms have always had to meet.

But with the facts of history before us offering the results of the prolonged and extensive experiment we have made in hospital managed schools, we should have little difficulty in showing how necessary it has become to place the education of future nurses under the direction of those whose function and equipment should qualify them for that task. Reviewing that long history of effort, the following conclusions are for me, at least, inescapable. Briefly, they say that the present weaknesses and defects in the education of nurses, are inherent in the system under which it is governed; as far as can be seen they are insurmountable under that system. The improvements that may be made lie chiefly in matters of detail and method. They leave fundamental issues exactly where they were, untouched. The School of Nursing under the government of the hospital will remain the servant of its needs, without resources, without power to decide any vital questions in its own work, without freedom to develop in many es-

stantial ways. And it was, I suppose at that period years ago when a little group of nurses began to recognize and to measure the deficiencies in their own training, when they realized that their schools could only remedy these by reaching beyond the resources and possibilities of hospitals, that the first step was taken in the evolution of Schools of Nursing from hospitals to Universities.

Every successful attempt since then to enlarge the educational opportunities of student nurses, to improve the quality and method of teaching, has been a moving forward no matter how slight, in that slow and uneven process called evolution, by which things pass out of one stage of being,—of form and function, into another.

Thus, when in the year 1887, the Illinois Training School for Nurses under Isabel Hampton's guidance introduced several courses of instruction into the second year of training, when such instruction had formerly been limited wholly to the first year, this was a genuine forward movement educationally. Lengthening of the course of training from two to three years, was intended by those who established it in this country as an educational advance, and such I think it was, even although it was premature, and the ground was not well prepared for it, even although the chief benefit came to the hospital instead of to the students. The shortening of hours of duty, the reduction of periods of night duty were for the purpose of affording student nurses more time for instruction and study. The abolishment of money allowances to students, thus releasing funds to provide more teachers and supervisors; the introduction of tuition fees; the payment of fees and salaries to lecturers and teachers, all of these set up educational principles and policies new in schools of nursing; they mark a distinct stage in the educational evolution of nursing.

Looking back over the course of events during the sixty years since Schools of Nursing were first established, we are confronted with a picture in which nursing appears to be moving through three stages of development, though there is no sharp line of demarcation between the stages. The first, early period show these schools throwing their entire energies into a gallant attempt to meet all the demands of the time in nursing. The description of the work of students and staff in hospitals has already been given but no mention has been made of another demand of peculiar importance. This was that of organizing and establishing schools and thus providing a nursing staff and nursing services in the many new hospitals large and small, which were springing up all over the country. This call for nurses in large numbers who were educated and otherwise equipped to organize, supervise and teach student nurses was obviously an impossible one to meet. Six hundred new schools within a period of ten years! Think of it. These schools had of course to be built up both as to staff and students of whatever material was available. All were engaged in pioneer work, breaking new ground, clearing away underbrush, setting up standards, methods, ideals as best they could, creating traditions, inevitably. Each school struggling away as well as it knew how with its own problems, and since there was a great need for nurses for private services in families, in a rapidly growing and prosperous population, the schools were called upon for years to aid in supplying this demand through their students.

This first period shows, I think, the attempt to work out in a large number of schools extending over a wide area, the idea of education through work, and it may be well defined as a period of almost pure *service*. At any

rate this was the dominating idea and practice. I would not be disposed to question the value, even the educational value of a life given up to service, but it must not be compulsory service, required under the guise of instruction and training. There was much that was admirable in this system and method, a definiteness of purpose, a reality in the situation to be met, a chance for quick and clear appraisal and checking up of errors. All of these are inherent possibilities, not to be lost sight of but rather to be made fuller use of, with the larger knowledge and the better mental equipment and ability which we look for in the students of the future.

Through all this early period there crops up from time to time, among the heads of some of these Schools, evidence of an undercurrent of growing anxiety about their educational difficulties. They were beginning to see that such problems could not be solved by any isolated effort, that the united energies of all nurses and all schools would be needed in any serious attempt to attack the chaos in educational standards and ideals which had been suffered to spread unchecked. Here we enter upon what may be called the period of *Association* in Nursing and can watch first the organizing of the Alumnae of various Schools, and shortly, the uniting of the Alumnae into a National Association of Nurses. This was followed by the creation of State Societies, which, within a comparatively brief period arose in every state. During this period of *Association* covering approximately twenty years, the entire profession was organized. There was a steady growth of solidarity among nurses, an increasing consciousness of grave problems existing in their lives and work which could only be solved by mutual effort. What these problems were and what have been the efforts made to deal with them, will be

found in the transactions published from year to year by the various Associations and also in the pages of the professional journals. It will be seen that the great and continuous work of both the State and National Associations has been directed toward improvements in the education of nurses.

The legislation which has been secured in every state (with one exception) has been for the purpose of ensuring a definite minimum of educational qualifications and professional preparation for those engaged in the practice of nursing. These laws require that hospitals maintaining schools of nursing shall conform to certain minimum standards which set up educational qualifications for admission to those schools, call for the provision of adequate training in each of the important branches of nursing, of a definite amount of theoretical instruction in the preliminary and subsidiary subjects, of certain essentials in the way of teaching equipment. Obviously these are phases of educational evolution.

A further and more decisive phase is seen in the tendency to turn to other institutions for aid, in those instances where hospitals found themselves unable or unwilling to provide the needed knowledge and other improvements in the training of the students in their schools. And this brings us into a third period of growth in which we now are, and seems to show nursing moving ahead steadily if slowly, in something like genuine educational advance. Perhaps the turning point came at that moment when some part of the instruction of nurses passed out beyond the hospital and into the University. Possibly it came, when Teachers College opened its doors to graduate nurses, thus admitting them as students of the University. This was avowedly a graduate school but we are probably justified in tracing in a

pretty direct line from this first entrance of Nurses into a University, the development of the several University Schools of Nursing which have arisen during the past fifteen years. The first of these was established in the University of Minnesota, and the distinction of creating it belongs to that enlightened and intrepid friend of Nursing, Dr. Richard Olding Beard, Professor of Physiology in that University. How this has been followed in these few years by the establishment of several others in various states you all undoubtedly know. The past few weeks have witnessed the founding of two more Schools of Nursing in great Universities, one through the gift of Mrs. Chester Bolton at Western Reserve University, Cleveland, Ohio, the other which we are celebrating to-day in this great and famous old University.

Much as we have rejoiced in every new link forged in the cable which will, we hope, bridge across the gap between the hospital and the university, there is a peculiar gladness in our hearts to-day. All Schools of Nursing in the past have lacked two essential things. First, adequate funds for their support, and second, an adequate administrative policy.

What sets this new school at Yale University far ahead of others is the fact that it has seen these two conditions as fundamental in the proper education of nurses. This is shown by its announcement stating that the School will have its own funds, and its own Dean, faculty, buildings and equipment. These place the School of Nursing at once upon a stable foundation, and ensure adequate resources and freedom for its work. I am confident that the School at Western Reserve University to which Mrs. Bolton has contributed so splendidly, will follow the same policy. These conditions are the

commonplaces of every other form of education, yet nowhere before have they been fully applied to the education of nurses. We have other causes for hopefulness over this new school. It rejoices in the full and enthusiastic support of the President of the University, of our beloved Dr. Winslow, of the Dean of the Medical School and of the liberal minded young Superintendent of the Hospital, Dr. Rappleye.

Finally, and perhaps most important of all, the School is to be placed under the direction of Miss Annie Goodrich whose unusual capacity for leadership is well-known, and whose wide experience in administrative tasks will enable her to make the fullest possible use of the extraordinary opportunities before her. She brings a very rare equipment to the working out of this new problem. I find myself here saying over those lines from "The Explorer" which you will all doubtless recall:

"Till a voice as bad as Conscience rang interminable
changes

On one everlasting whisper day and night repeated,
so

Something hidden, Go and find it,

Go and look behind the Ranges

Something lost behind the Ranges

Lost and waiting for you—

—Go—"

The good wishes and the high hopes of the whole nursing world will cluster around her and this School with its unique possibilities.

From the very beginning of organized efforts to educate nurses, there have been a few individuals who have seemed to discern the plight and the peculiar problems of Schools of Nursing and to recognize the necessity of

reaching out beyond the hospital for some further educational advantages.

One of the very early reports of the year 1876 of Bellevue School of Nursing implies the limitations of the hospital, in outlining a plan for a College of Nursing into which the School, it was thought, might develop.

The report is interesting reading to-day. In Glasgow in 1893 where the first preliminary course for nurses was established the instruction was given in one of the Colleges of the University. In the year 1903 the Chicago University *Record* published an article on the "Education of Nurses" which declared that the University is the only place where it can be properly carried on. This article is by our old friend, Dr. Alfred Worcester, whose ideas on this matter are set forth with courage and skill. As far back as 1905 in an English journal, *The Westminster Review*, a writer named Oldfield advocated the granting of degrees in Nursing just as in Medicine, and advised the degree of Bachelor of Nursing with a distinctive hood and gown.

As to the belief of nurses that more and better education for their work is necessary, that has been unshakable. Opposed at every turn, defeated again and again, without power, without resources, by sheer weight of their faith in themselves and in the importance of their task, nurses are winning freedom to direct their own training for work whose needs they alone know and thus to shape their own destinies in some measure. If it is true that "obstructed impulse makes the world go around," if "difficulty and bracing opposition energize the forces of life," then there seems little reason to fear for the future of nursing. May I say here that the consciousness of the humiliating weaknesses of their educational system and the determination to secure

more knowledge for which they felt the sore need, has been at every turn the driving impulse toward the University. What nurses are trying to say to the world to-day is that those can serve the world best who have the most to give, and their largest service will be that which is guided by the highest intelligence.

What we are celebrating here to-day is the dawning of that idea in the minds of others, knowing that the most momentous things in the world are those that happen in people's minds. How could this *alumnæ* more fittingly celebrate its fiftieth anniversary than by dedicating its powers to the advancement of this School which is to embody a new idea in nursing.

HOW CAN WE CARE FOR OUR PATIENTS AND EDUCATE THE NURSE?¹

IT is with much hesitation that I attempt to discuss even briefly a subject around which controversy has centered with increasing energy for the past twenty years. Here is a matter which is occupying the thoughts and testing the capacities of a very large number of persons representing varied and important elements in society. And from the persistence of the controversy over so long a period as well as the form which it has sometimes taken, it deals obviously with a problem of considerable consequence, and one in which a good many interests are involved; otherwise some solution would surely have been reached years ago.

The subject upon which I am asked to speak is explicit in its wording, "How can we," it says, "at the 'same time' do these two things—educate the nurse and care for our patients?" To those unfamiliar with the system through which these two things are now performed in the hospitals of the country, it might seem as if the question brought forward a new and interesting idea. But those present here to-day know that the education of nurses has never been carried on in any other way

¹ Presented at the second annual meeting of the Pennsylvania Hospital Association held at Philadelphia, April 26-27, 1923.

than through the care of patients, chiefly in hospitals, and that this has been the method and virtually the only method, in use for a full fifty years. A conservative estimate would probably say that not less than eighty per cent of the entire nursing service of most of our general hospitals is given by students, and there are many hospitals, of course, particularly the small ones, in which the proportion of student service would be much higher. Recent records of the bureau of education show that 55,000 students are thus serving as nurses in about 1,755 hospitals, each of which owns and conducts or coöperates in conducting a school of nursing. The total bed capacity of these hospitals approaches 320,000.

May we venture to assume then that after half a century of unrestricted experiment in this field of education and in caring for the sick by means of student nurses, we are in a position to appraise the results of the system, and to determine how far it satisfies the needs in the two fields it is intended to serve.

No serious attempt to educate nurses was made until Florence Nightingale's famous school of nursing was established in London in 1860. The system was introduced into this country in 1873 at Bellevue Hospital, New York City, and was shortly followed by others.

All of these early schools were established, financed and directed by special committees created for that purpose outside of the hospital. The extraordinary reforms which they brought about in the care of the sick, in the management of domestic affairs, and in the general morale of hospitals are matters of history, and these together with the saving of expense in nursing effected by the services of the students of the schools, led hospitals to desire fuller control of so useful an agency and to offer to relieve the committees of the

burden of maintaining the schools. So shortly we find them more or less entirely turned over to the hospitals with which they had been connected and eventually completely absorbed by them.

Within a few years the idea became generally accepted that the education of nurses was the prerogative of hospitals, and they were the only places in which Schools of Nursing should be established. During the past fifty years this system of training has become deeply entrenched in tradition and in usage and has been carried out to the extreme limit of practical possibility. A glance at the statistics showing the growth of nursing schools called into being by rapidly multiplying hospitals will affirm this, for they record:—400 new schools in the ten years from 1890–1900; 689 within the next decade; and 634 in the ten years between 1910 and 1920. A good many of these hospitals, particularly the smaller ones, could hardly have been maintained had they been unable to secure the free nursing service which a school provided. But it is certainly true to state that this system of nursing has contributed enormously to the expansion of hospitals throughout the country, and to the improvements and advances in medicine and surgery.

Not only has this phenomenal number of new schools been created, but existing schools have steadily and notably enlarged in response to the extension of the hospitals with which they are connected. In whatever direction the hospital has grown, the school has stretched itself to meet the new nursing demands. In the early days, in order to make good nursing possible, the student nurses had to take hold of the surroundings of their patients and keep them clean and decent. They did a good many things then of a domestic and unskilled

kind because no other way was provided for getting them done—sweeping and cleaning, care of lavatories and linen, and a host of other duties became incorporated, as it were, in the range of nursing duties, and custom fixed them there. Thus student nurses have always included in their service a very considerable amount of labor, which should long ago have been relegated to other workers. The investigations of the committee on nursing of the Rockefeller Foundation found that approximately one-fifth of each student's time was employed in such routine unskilled duties. I am reminded here of a conversation some years ago with the head of an important school of nursing who admitted that her students had to do rather an unusual amount of such unskilled domestic work. When pressed for reasons she said, "But you know it is so difficult to get servants, and besides the pupils do it so much better."

In addition to this, has been the very wide-spread use of pupils as head-nurses. This began very early and is interestingly described in an article on Bellevue Training School, written thirty years ago.

"It came to be considered a part of the system," the writer says, "that by extending the course of the training from one year to two, the services of the nurses after they had obtained the practical training of the first year could be retained and utilized as head-nurses."¹

And at a later period the third year, which was added to the course of training with the intention of enriching and improving instruction, resulted in the very extensive use by hospitals of students in supervisory positions.

¹ "Proper Organization of Training Schools in America," Louise Darche. Hospitals, Dispensaries and Nursing. *International Congress of Charities*, Chicago, 1893, p. 576.

In one large hospital every student, whether she desired it or not, or whether she possessed real fitness for the task of directing others, had nevertheless to serve as head-nurse for a definite period. This is a very easy, convenient and inexpensive if not an entirely equitable way of filling positions which are of much importance and responsibility in hospital administration. It grew into a serious abuse, and became so extensively used that in a good many hospitals virtually the entire supervisory staff was made up of students. This custom is now abandoned in many of the leading hospitals and is only mentioned to show the extent to which students of the school of nursing were used in contributing to the care of the sick.

A further way in which students have been applied to the care of the sick, has been in the special service of individual private patients. This, too, began early for the writer about the Bellevue School points out that in the second year of training "nurses were at first very generally sent out to private families and in this way they added to the funds of the school." This particular custom was gradually abolished, but the development of large private departments in general hospitals has frequently meant the excessive use of students for the special care of private patients within, instead of without the hospital.

In summing up this phase of our discussion, we must, I think, reach the conclusion that whatever has failed, it has not been the care of patients by student nurses. That, indeed, has gone beyond the wildest flights of imagination. Nowhere in the history of education can one find anything comparable to the way in which the body of student nurses in hospitals has been made to serve the needs of the sick. When, therefore, we talk

about care of the sick through the student nurse we know that we stand on the solid ground of long, extensive, and, from at least one standpoint (that of the hospital), successful experience.

I have often thought that we fail to understand and consequently to appreciate at anything like its value, the contribution to public welfare which the students of our Schools of Nursing have made in caring for the sick in the great hospitals of this country. For the past fifty years, in succeeding generations, they have unstintedly given day and night of their youth and strength and sometimes their health. Our debt to them is a very large one, and we should be more generous in our recognition of it and of the unique importance of these services so freely and generously given.

So far we have been reviewing the care of the sick as it has been carried on concurrently with the education of the nurse. Let us turn now to the school of nursing through which this education has been conducted. A school has but one object and that is education, and any work done by the students should be incidental only to the accomplishment of that object. In hospital training schools, however, we seem, as a matter of fact, to have placed first the work to be done, and the education of the student appears as a kind of by-product of that work. How has this system affected the education of nurses? We know how well the nurse so trained is meeting the needs of hospitals in caring for their sick. How is she meeting the larger and different needs of the community outside of hospitals?

If we judge by certain facts, such as the demand for nurses which keeps steadily far ahead of the supply in about every branch of their work, or by the way in which the work itself has advanced and expanded, taking in

one new realm of activity after another, not only in hospitals and in the wide field of public health, but also in phases of work formerly held strictly within the province of medicine—we would, I think, have to conclude that nurses have on the whole been singularly successful in meeting the varied needs of society.

If, on the other hand, we are to judge by the nature of certain criticisms of nurses and of schools of nursing which have been set forth with astonishing regularity and persistence in the public press for some years, the verdict would probably be that these schools and their product alike have failed in their task. Now criticism is often a necessary and wholesome thing and no one should be afraid of it. If given in a friendly and helpful spirit and with full understanding of the facts in the situation it may do much to improve matters.

A careful study, however, of such criticism shows that most of it cannot be accepted as affording trustworthy evidence on the nursing situation and particularly concerning Schools of Nursing. Its tone has been frequently unfriendly to the point of hostility and the fact that the same articles have appeared simultaneously in various cities throughout the entire country provides more than a suggestion of something definite and purposeful at work directing it. In fact the report of the committee on nursing education states that "there have been persistent and vigorous efforts in certain quarters to break down the standards of nursing education which have been laboriously built up during the last twenty years."

What are these standards? Criticism here is so contradictory that it is difficult even to attempt to reconcile the widely conflicting statements. There are those who urge that nurses are "over-educated," dangerously

so, and those who insist that their lack of proper education is a real menace to public welfare, and a great handicap to the nursing profession as a whole in its efforts to satisfy the legitimate and steadily developing public demand. Among the most valuable individual opinions of the present system of educating nurses are those from physicians of long familiarity with it and some of these have set forth their views explicitly.

Dr. Henry Hurd, formerly superintendent of the Johns Hopkins Hospital used to liken the situation of the student-nurse in the hospital to that of the missionary who was invited by some primitive tribe to attend a "feast," but on accepting found that he himself was expected to form the banquet.

"Many Training Schools," says Dr. George Dock of Washington University, St. Louis, "are managed chiefly for the benefit of the hospital. One of the finest things in one way, but one of the most questionable in another, is the way in which pupils have gone on, for months or years, repeating a routine no longer educative."¹

In an article on the "Relation of the Hospital to the Training School," Dr. A. R. Warner said recently,

"The slowness with which hospitals have developed the educational features of nurses' training schools has not been a help in placing nursing in the eyes of the public or of young women selecting a life's work, on a par with teaching or other work requiring even less preparation. . . ." "Hospitals must either maintain schools on the basis of educational institutions to provide professional training or schools of nursing will pass

¹ "Essentials of Professional Education," George Dock, M.D. Proceedings of the 20th Annual Meeting of the National League of Nursing Education, April, 1914, pages 81-82.

into other management and affiliate only with hospitals for the practical training."¹

"Broadly speaking," says a report on the "Hospital Nursing Situation," issued by a committee of the Academy of Medicine, New York City, "training schools as at present organized are hardly schools at all in the usual meaning of the term. . . ." "The teaching is always secondary to the exigencies of hospital service."

We have to thank a prominent hospital superintendent, Dr. S. S. Goldwater, of Mt. Sinai Hospital, New York, for a candid and courageous facing of the situation.—

"We must abandon the attempt to assign to pupil nurses exclusively or even chiefly the task of caring for the sick in general hospitals. It is attempting the impossible. It is obvious that the needs of the hospital must be met, for the sick cannot be neglected; but it by no means follows that pupil nurses must be sacrificed to that end."²

And he quotes from the recent report of a state inspector of schools of nursing that less than ten per cent of the small hospitals of that state were adhering to their teaching programs; while the remaining ninety per cent were taking unfair advantage of their pupil nurses and surrendering their rights in the alleged interest of the sick. Of fresh interest was the point of view of a newly elected trustee of a hospital in an adjoining state who saw the problem with the eye of a business man. After examining carefully the work of the student nurses he

¹ "The Relation of the Hospital to the Training School," A. R. Warner, M.D. *The Modern Hospital*, May, 1917, pages 344-45.

² "Publicity and Progress in Nursing Education," S. S. Goldwater, M.D. *The Modern Hospital*, February, 1921, p. 106.

declared them to be largely, "maids-of-all-work" for the hospital of which, he said, if it were in the business instead of the philanthropic world would run serious risk of being put out of business for conducting its school under false pretenses.

Perhaps for clear light upon the basic situation in this problem a brief statement drawn from the news item in the current issue of *The Modern Hospital* may be helpful. It reads as follows:

"TO HIRE NURSING SERVICE

"The Cook County Psychopathic Hospital has contracted with the Illinois Training School for Nurses of Cook County Hospital, Chicago, to supply its nursing service. This move is expected to save the taxpayers of Cook County about \$100,000 annually. Each patient is said to cost the psychopathic hospital \$1,070 a year under the present system. At the county hospital, where nurses are supplied by the training school, the cost is approximately \$210 a year per patient. If this is correct, which may not be the case, it would appear to place the value of student nurses' service, usually covering about nine hours a day at fifty-seven cents per day."

Evidently the problem of the education of nurses, as at present conducted, is at root an economic one. And evidently also, as the opinions just quoted show there is legitimate ground for the criticism of the present system, which is probably even more marked within the training school for nurses than outside it. A considerable degree of unrest and of dissatisfaction with the injustices of a system which imposed heavy responsibilities, but provided no adequate powers of meeting them, has been present in these schools ever since I have known anything about them. It is widespread to-day.

The whole history of the education of nurses not only in America but in other countries shows the slow, painful and laborious efforts of the heads of these schools to find some equitable way of adjusting the constantly conflicting demands of hospital and training school. The needs of the hospital for nursing service have always stood squarely in the path of progress toward a satisfactory educational system, such a system as would draw better qualified women into nursing and prepare them better for their work. After an exhaustive study of the whole nursing situation covering nearly three years, the Committee appointed by the Rockefeller Foundation has this to say of the present system of hospital training schools.¹

It says that the education of nurses has been sacrificed to the care of the sick; that while other forms of professional education have long outgrown the apprentice stage, the training of nurses remains a survival of this largely outgrown type of education, and it calls attention to the fact that even such callings as journalism, business and social work are rapidly moving towards an ordered educational scheme. The school of nursing shares the weakness of the apprentice system. Its first liability is service and production, not education. It is the forced compliance with hospital needs which has been and continues to be the genuine obstacles to educational advance. To the fact that the School of Nursing has sought to perform two functions, to educate nurses and to supply the nursing service of the hospital is attributed its failure wherever it *has* failed. And this, it says, is the crux of the problem, the heart of the difficulty, for in these two functions there lies an ever-present

¹ *Nursing and Nursing Education in the United States*. The Macmillan Company, New York, 1923, pages 17, 21, 191, 195.

possibility of conflict. For nearly every deficiency in the education of nurses, this dual function which has been imposed by the hospital upon the training school must be held accountable.

How profoundly this conflict has affected the education of nurses, is shown in the 250 pages of the committee's report dealing with the hospital training school. The picture it presents is a familiar one to hospital workers. There are the low educational requirements kept so in order to secure a large supply of applicants, but providing no suitable foundation for the nurse's professional training; there are the long hours of duty, eight to nine hours by day and twelve by night, which defeat at the outset any rational educational scheme that could be devised; there are the schools in numbers without trained teachers and those in which the single teacher may handle even six to eight different subjects because the hospital does not provide funds for the payment of enough teachers. There is the pathetically meagre and insufficient body of theory, because the hospital cannot allow enough time for more, since this must be taken from the required time of the student in caring for the patients; there is also the almost universal lack of proper equipment in the way of class-room, laboratory and teaching material.

Not so familiar, however, and very serious are the differences in the allotment of time for training in the various essential services. In medical service where the assigned period of training might be seven and one-half months, some students would have five and one-half months, and others twelve and one-half months. In surgical service, where the training is usually longer than the student needs (simply because in many hospitals there is a preponderance of surgical patients), the al-

lotted time may be eleven months, but students may be kept in that service from fourteen, even up to eighteen months. The children's service may call for but two months of training, but in one hospital half of an entire class had only six weeks and one student had no training at all. In obstetrics with a requirement of three months, one student might have five months, and another only three weeks of training. Quite commonly, a student is kept on in a particular service after her required training in it is completed precisely because she has become so useful in that branch of work.

Such statements from a committee composed of leading hospital superintendents as well as physicians and nurses, and substantiated to the letter with ample and incontrovertible evidence, presents a formidable indictment of our present system of educating nurses. The committee undertook its task, as it says, not in an effort to convict hospitals and training schools of error, but to discover the facts in the situation in the hope that this knowledge might lead to some remedy for a condition which is causing so much dissatisfaction and unrest. In such a showing the committee says lies the only hope of improvement, believing that the bar to progress lies precisely in ignorance of facts. No action it says, will follow until these facts sharply challenge the interest of those in authority: first, responsible hospital trustees, and behind them the general public on whose financial support either directly through gifts or indirectly through taxation the hospitals are dependent. As a member of that committee, I share this view to the full. In recalling the great gifts to hospitals of many generous hospital trustees, their pride in the work of their hospitals, and of the medical staff and often quite especially in the devoted work of the student nurses, one feels

that hospital authorities would not consciously and deliberately lend themselves to an established policy of injustice, but that somehow, they are not as yet fully informed about the complicated nature of the educational problem in which they are most responsibly concerned.

The care of patients is of course an essential part of the education of the nurse, and a considerable amount of her time should be devoted to it, but it should be of such kinds and types of patients and under such conditions and supervision as make it an appropriate part of a fruitful and well-ordered educational scheme.

The education of nurses involves in addition to this as we have seen, a new and different set of conditions, persons, and resources which hospitals cannot supply. I have long believed that the root of our problem lies in the control of training schools by hospitals, and that this is not a sound system. Eventually, I believe, schools will be removed from such control and that hospitals will prefer to have it so, and that whatever we do until this time is a kind of patchwork—a bolstering up of a wrong system.

As one who lived and worked for many happy years in a good hospital, I speak with full understanding and sincere appreciation of the difficulties involved in making any marked change in hospital administration based as it is on the traditions and customs of centuries. But it seems to me of little use to-day to cling despairingly to the ideas and methods of the past. Is it possible that hospitals can find no way of carrying on their nursing services except through students? I do not for one moment believe it. We do not apply that principle to the training of any other body of workers. We do not insist that social work in hospitals can be carried on only

by students. On the contrary in Bellevue Hospital, New York, last week, there were fifty-one social workers, all trained salaried women, and not one student among them. In the same hospital, there are five trained and salaried dietitians, and one pupil dietitian who has perhaps already completed her two years or more of professional training. Nurses are glad and proud that these two important bodies of hospital workers are free to prepare themselves for their work in accordance with their knowledge of its needs, that they are not required to struggle with the system of apprenticeship abandoned long ago in virtually every field of education but nursing.

It seems evident that radical changes must be made in the present system of educating nurses if it is to be brought to a state where it can satisfactorily meet the needs and demands of the public. Under the conditions which have been described training schools cannot supply the community with nurses either in sufficient numbers, or of the qualities needed in many branches of nursing. If the education offered is meagre, if the hours of duty are unreasonably long, if much routine unskilled domestic service is included in the training, and if the life of students is narrow, restricted and sometimes harsh, there will then be only those women entering our schools who will put up with such conditions. Because we cannot attract suitably qualified women in any appreciable numbers into our schools, we cannot send out even a fraction of the number of such women needed. Every single branch of nursing is calling for thousands more educated young women who will not under present conditions enter our hospital training schools. Much attention is directed to the need for more public health nurses. The 12,000 nurses already so engaged should, it is said, be enlarged to at least 50,000 if the demands

in this field are to be at all satisfactorily met. But rather more urgent than this, is, to my thinking, the need for a large number of women so educated as to be able to train adequately this army of young public health nurses. We have nearly 1,800 training schools for nurses and in them are at present about 55,000 young student nurses. They must be taught, supervised, directed and developed in all the ways in which they are capable of development for the work which awaits them. The hospital and the dispensary offer incomparably rich opportunities for such education and development, but these must be used by those who are capable of using them wisely. A modern school of nursing requires a large staff of supervisors, teachers and head nurses. Every one of these should be not only a skillful and capable nurse, but a liberally educated woman competent to assist in the education of students. In every hospital training school to-day, there is some need of women thus qualified, and it is in precisely this phase of our work that the most serious shortage lies.

The conclusions reached by the Committee for the Study of Nursing Education, provide the answer to the question, which forms the subject of this paper. They affirm that the care of the sick and the education of the nurse are two *two separate and distinct functions*. In certain ways and up to a certain point these two functions can be advantageously combined, but the agreement as to those ways, as to when that point has been reached must be made by the two bodies concerned, and not by one alone as in the past. Each of these two bodies, the hospital and training school has its own clear, easily definable and in some ways widely different aims and purposes; each requires its own organization, resources, policy and personnel, to carry out these purposes.

In no other way than through such an organization separate from that of the hospital can the education of the nurse be adequately safeguarded.

Among the several changes of policy advocated by the committee, two are basic. The first deals with finance. It says adequate funds are an absolute necessity for the education of nurses. Funds would enable the hospital to provide a permanent staff of workers of various grades to take care of its patients—graduate nurses for some forms of work, attendants, wards helpers, etc., for other. This would ensure enough hospital assistance by day and night to shorten markedly the student nurse's hours of duty. She would then be free to use more of her time for the purpose for which she gives it. Funds would provide more and better teachers and supervisors. Funds would provide proper class rooms and laboratories and teaching equipment, books and reference material. Funds would provide proper housing and living conditions and suitable facilities for recreation.

The second change concerns the administration and says that

Special boards or committees organized somewhat independently of hospitals for the sole purpose of directing the education of nurses are necessary. The administrative board would be the responsible directors of the school, virtually acting as trustees, establishing and maintaining its policy, fostering its work, advancing its welfare, and safeguarding its interests from encroachments by hospital service.

With these two basic requirements met, many of the needed improvements could soon be brought into effect: better training offered, a larger supply of students graduated more frequently to meet the public need, and a

kind of course offered likely to prove more attractive to young women.

There are other recommendations, and the whole report is rich in information and in helpful suggestions. The section dealing with the training of attendants or nursing aids is of sufficient importance to call for separate consideration in order that ways may be found of providing the necessary training for this obviously needed body of workers. The last census shows that we have as many attendants as trained nurses caring for the sick but little suitable provision is as yet available for their training. Their field of work in the care of minor ailments, and of certain chronic and convalescent patients, is a large and a useful one, and it should be defined, proper training provided and appropriate legislation enacted to safeguard both public and the workers. Such laws now exist in nine states.

As another resource in supplying care for the sick, mention is made of the effort to conserve the time and skill of nurses by what is called "group nursing." An experiment in this is now going on in the Mayo Clinics at Rochester, Minn., and is well worth watching. Here the time of one nurse is distributed between two or more patients, and this is of course merely the carrying over into private service of the methods everywhere in use in free wards, and in a sense in visiting and hourly nursing. That this is economically sound and practically possible is being demonstrated daily.

As a final word let me point out that every genuine and properly directed effort to improve the education of nurses appears to succeed out of all proportion to the degree of effort and expense involved, and to react back in ever better and more intelligent and more devoted care of the sick. It is the schools of nursing with

fairly high requirements for admission where the best teaching and supervision prevails, where the hours of duty are moderate, where the students are treated with courtesy and fairness, yet where good work and conformity to a wholesome rule of life is required, which have least difficulty in filling their classes. The graduates of such schools are their perpetual advertisement. Among them the university schools of nursing hold a leading place and naturally so, for they have usually some measure of self government, some organization more or less independent of hospitals or other institutions, some financial resources to apply directly to educational needs. They are signs that the old era is passing.

For symbols of the new we turn with rejoicing hearts and the highest hopes to the new schools of nursing connected with two great universities. It is clear that the community is beginning to measure its responsibility for the education of future generations of nurses when within a fortnight \$500,000 is given by Mrs. Chester Bolton for the School of Nursing at Western Reserve University, Cleveland, and the Rockefeller Foundation provides for the establishment of a similar school at Yale University. Of this new School we read that

"it is to be conducted in accordance with an educational plan and to accomplish this the school will be organized with a dean, governing board, faculty, laboratories, classrooms, and a budget of its own."

These are the commonplaces of other forms of professional education. They open up a new era in the education of nurses, which promises much, not only in the care of the sick, but for those efforts to prevent sickness and to safeguard health in which nurses are sharing in ever-increasing measure.

THIRTY YEARS OF PROGRESS IN NURSING¹

I AM asked to tell you to-night something of the progress made in nursing during the thirty years since this society was established, and I must acknowledge frankly at the outset that the task is attempted with some hesitation, for the idea of progress is the subject of much discussion these days, and we are not nearly as sure about it as we used to be. What is progress? Is it that kind of improvement which can be measured by statistics? This was the prevailing idea during the last century, says Dean Inge. It was obvious to many of our grandparents that the nation which travels sixty miles an hour must be five times as civilized as one which travels only twelve. I am inclined to think that this would still seem an obvious measure of progress to many of the grandchildren of those grandparents.

Or is progress a spiritual thing? There are those who believe this, and think that human betterment can only come through the development of our spiritual capacities and that all other things should serve as means to this end. And then there are numerous other ideas, from those of Wells, who sees only mental progress—a clearing and enlargement of ideas, to others who think

¹ Read at the twenty-eighth annual meeting of the National League of Nursing Education, Boston, Mass., June 19, 1923.

progress can come only through science, or through education or through new forms of social organization.

In trying, therefore, to show some of the ways in which nursing has grown to its present stature, I do so with no certainty as to how far such growth is evidence of real progress. It is obvious that at certain stages of our journey, changes were made which seemed to lead in the right direction, but some of the results as we now see them do little to satisfy us of the wisdom of the course then taken. Moreover, we are, I am sure, quite too near the past thirty years in which most of us have lived and worked to be able to secure any adequate perspective of our field of labor or the part we have played in it. It would be difficult to bring a dispassionate judgment to bear upon matters with which we have been so intimately concerned. But we can at least trace the main lines of development and follow the sequence of events, for such appraisal as we can bring to them.

The past thirty years in nursing show a period of intense activity, of rapid and continuous development in old and in new fields of work, of a consequent phenomenal growth in numbers and of many new and complex problems arising within the work itself and in our various relationships outside of it.

At the first convention held by this Society thirty years ago there were present 44 heads of training schools coming from Canada as well as the United States. As the entire number of such schools was then about 70, this was a good representation. Thirteen states were represented, nine of them by a single member only. To-day there are schools of nursing in every state and large numbers in several of them. There are schools of nursing also in the Philippines, in Hawaii, in Porto Rico, and in Cuba, built up by American nurses. I see that there are

now 75 trained nurses at work in far Alaska. So I suppose that schools will soon be on their way there, perhaps, indeed, they are there already.

Altogether there are now recorded nearly 1800 schools of nursing which have grown up in the rapidly multiplying hospitals of the country during the past thirty years. A picture of their rate of growth is interesting. In the ten years between 1890 and 1900, there were over 400 schools of nursing established in connection with hospitals which arose during that period; in the next ten years, nearly 700 more schools were created in newly erected hospitals; and in the last ten years just ended, there are recorded a further 600 schools of nursing of similar origin. In all of these hospitals the first imperative need was a good nursing service, and no one saw any way of providing this except by creating schools whose students could form the nursing staff.

Of course, the continuous demand for nurses in such large numbers who were capable of organizing schools and of directing their work was obviously an entirely impossible one to meet. These new schools, arising at a rate of nearly two schools a day, had to be built up in various sections of the country out of whatever material was available for the purpose, and the results of that period of hasty growth form a part of our educational problem in nursing to-day. Think what it meant to a young profession just beginning to develop its educational structure, and to work out its standards of practice, to be forced into such abnormal growth as the fast multiplying hospitals of the period required. Naturally, during the greater part of this period there has not been much opportunity for educational development, both because the entire energies of the schools were absorbed in meeting the working demands of the mo-

ment, and for other reasons which will be considered later. Yet educational advances have been made and some of them are noteworthy.

It is in the direction of numbers and of enlargement in fields of work that the most noticeable advances have been made. Numerically, indeed, nursing is moving on with a swift and apparently increasing momentum which nothing in sight seems likely to check.

Shortly before this Society was formed in 1893, there were not 500 graduate nurses in the whole country. The last census shows about 150,000 graduate nurses, trained and registered, and it is of interest to note that a very large proportion (80 per cent) of the whole increase of women in all professional service was found in just two pursuits—nursing and teaching. It is of further interest for us to realize clearly that we have now reached a stage where we are graduating approximately 15,000 nurses annually, and that the certainty of increasing the existing number by 150,000 at the end of the current ten-year period, offers something to think about. Even with any degree of depreciation that seems likely to occur, there is more than a reasonable outlook that we may all live to hear the last faint echo of the final cry of a shortage of nurses.

The expansion of the field of nursing has been extraordinary and is still going on. Its extent and diversity can only be roughly indicated here. Within each field there is found a good deal of elaboration and specialization most notable perhaps in hospitals and training schools where the single official who formerly directed the nursing service and did all the teaching there was, has given place to a whole hierarchy of assistants, supervisors, instructors and special workers. The Bureau of Occupations at Nursing Headquarters listed recently

thirty different kinds of work for which nurses with some form of special training or experience were required.

Medicine is steadily transferring to nursing duties and procedures hitherto performed only by physicians. The giving of anæsthetics, for instance, has been in some places turned over entirely from physicians to nurses despite the fact that laws in other sections have been enacted forbidding it. A recent article by Doctor Goldwater proposes the passing over to nurses of an entirely new range of duties now the province of the medical interne, and shows how in certain hospitals this transfer is already going on, such nurses becoming known as clinic assistants.¹ In public health work, which offers a new and apparently almost limitless field of activity for nurses, there are several quite distinct branches of work calling for special preparation, such as School Nursing, Maternity and Infant Protection, Rural Nursing, Industrial Nursing, and others.

The Public Health movement did not create the public health nurse, it found her at work in her district nursing the sick, watching over their families and the neighborhood, and teaching in the homes those sanitary practices, those measures of personal and home hygiene, which do much to prevent disease and to promote health. Such visiting nurses, whose teaching was a cardinal principle of their work, were occupied in at least fifty communities when the public health campaign was set in motion. But the work had its origin in England in 1859 as one of the first results of the reform in nursing then taking place. The duty of inculcating hygienic

¹ The American Red Cross has announced (March, 1925) that at the request of many physicians and health officers their public health nurses are to be authorized to vaccinate, as an emergency measure.

habits in home life was always as incumbent upon the district nurse in England as her actual care of the sick. The importance of this kind of teachings is hardly understood until one sees it in the light of the modern public health movement and realizes that it has become a cornerstone of that whole structure. The nurse familiar with the ravages of disease becomes your truly zealous crusader against it.

There are now about 12,000 nurses engaged in some form of public health work, and the usefulness of their efforts so far has created a steady demand for more of them and for the kind of preparation which will enable them to contribute more fully and effectively to the growing needs of the most promising field which nurses have as yet entered.

A most important phase of progress has been the development of nursing associations. The formation of the Society of Superintendents was the recognition of problems common to all nurses, which could not be handled by any isolated effort, and which called for their united energies. One of its avowed purposes was to foster the creation of a national association of trained nurses.

A few training school *alumnæ* associations were already in existence, and within a few years there arose: first, the Nurses' Associated *Alumnæ*, which later became the American Nurses' Association; then there followed in rapid succession the organization of state nurses' associations, which, within a comparatively brief period, were formed in every state. With these organizations began, in 1903, the first attempt through appropriate legislation to bring order out of the chaos in educational standards, methods and ideals, which had resulted from the rapid and uncontrolled growth of

training schools for nurses, over a long period of years. The laws secured are very modest in all of their requirements, and most of them are as yet permissive only. Their educational standard is a moderate one,—in most states one or two years only of high school is called for, followed by two years of hospital training, accompanied by a very slender body of formal instruction.

The entire profession of nursing is now organized very much after the fashion of the medical and other professions. Every state has its body of practicing nurses, its schools for training them, its associations of nurses, its laws regulating the practice of nursing and in some small degree the training for it. There are three National Associations and an International Council of Nurses, of which fourteen countries are members, and which has held conferences in London, Paris, Cologne, and San Francisco. It is now gathering itself together following the suspension of work during the war, and holds its next congress at Helsingfors, Finland, in 1925.

Nursing has also developed something in the way of a literature. Thirty years ago there were but one or two very elementary books on nursing, now several eminent publishing houses vie with each other in ministering to the needs of student nurses. One of the generous contributions of medicine to nursing is the array of text-books for nurses written by physicians. Most of these deal with the sciences upon which nursing is based. There are two or three excellent nursing periodicals of national scope, and several state and *alumnæ* publications.

Thus roughly reviewing the general growth and development in nursing, we reach the most important element in the situation,—the school of nursing. Contrasting the conditions in our leading schools to-day with

those of the past we may well feel that great advances have been made. Measuring them by the changing need in the large and growing field of work occupied by nurses, or by any generally accepted standards of professional education, they must seem relatively small. It is little wonder, however, that they seem large to those who have labored to secure them, and who know how slow and difficult the process has been, and how precarious often the gains made.

For against suitable educational and other requirements for admission the hospital sets its imperative need for large numbers of workers irrespective of the fine shades of qualifications; against reasonable hours of duty for student nurses, it holds up the undeniable necessities of the sick for nursing service. Against the indispensable costs in any deserving scheme of education the hospital opposes its lack of resources for such purpose. But costs must be placed somewhere. They are incurred in a measure for every act, and are as inevitable as death. Somebody always pays,—and schools of nursing, which in the very nature of things should be a matter of constant and appreciable expense, have been for years through the services of their students contributors to hospital maintenance.

In a sense the superintendent of a school of nursing is ever at war with herself. She is not only director of the school, but of the nursing service of the hospital and her desire to take good care of the sick is presumably as great as to provide adequate training for her students. In her administrative field (the hospital), she holds conflicting responsibilities. The balance between them is struck with difficulty.

The education of nurses has long been a favorite subject for controversy, but it is not always realized

that schools of nursing hold a peculiar relationship to hospitals, whose needs and interests they have so universally been created to serve. They have not, therefore, either the freedom, the power or the resources to deal adequately with their very complex educational problem. This should always be remembered in any discussion of their work.

In estimating genuine and permanent advances of recent years, the most outstanding would probably be found in the better quality of teaching and supervision, and in the enlargement and wider range of instruction. The employment of trained teachers in schools has now been going on for about ten years, and is steadily increasing, and this, together with the introduction in 1914 of a curriculum for schools of nursing, has helped to strengthen teaching materially in nearly every subject.

The preliminary courses which offered something in the way of a reform twenty years ago are now found in most schools of good standing, and they have done much to insure at least a minimum of teaching in the sciences underlying all nursing procedures.

Hours of duty are still a most serious problem. Some reform has been made in this direction, notably in the State of California, but it comes slowly and it is probably true that there is no one condition which stands more squarely in the path of progress in nursing than this survival of long hours for student nurses in hospitals. It is difficult to understand how they can be longer tolerated in institutions devoted to the saving of human life and health. One would naturally expect the whole purpose and spirit of hospitals to find appropriate expression in measures for conserving and safeguarding the strength and energies of those whom they employ.

The difficulty in giving the desired amount and variety

of instruction within the two-year course led to the extension of that course to three years. This was begun with the highest hopes of effecting numerous improvements in the whole scheme of training; but as time went on, it became increasingly clear that the third year was of great importance to the hospital, but of most uncertain benefit to the students as a body. The third year was virtually swallowed up by the hospital and became largely an added year of experience, often in services in which the student had already spent the required number of months.

Except in a few instances, no new branches of training were available, and no resources to develop new courses of instruction or to find adequately qualified teachers for them. The amount of theory offered in the third year is sometimes less than half of the amount given in the first and second years, and the school is evidently put to it to find either subjects or teachers to fill this period creditably with instruction. The work of the third year must either be required or elective. If required, then the training and instruction given must offer equal opportunity for all. Now the electives offered are few, suited only to the capacities of a small number and are chiefly in the form of experience unaccompanied by any appropriate instruction.

Eventually, after several years of trial, it seemed evident that a proper use of the students' time was probably impossible, and that the attempt to improve the education of nurses by thus lengthening the course of training was not under the existing system a sound or just policy. To me, at least, it finally became entirely clear that we had not made the best possible use of the two-year period of training before embarking upon the third year, and that what we now must do was to retrace our steps and study carefully the whole of the work in the two-

year course with the view of finding out just what could be done to make the best possible use of the students' time.

It is because I take the ground, as the Report of the Committee on Nursing Education does, that the training school will remain for some time to come a part of the hospital, as it now is, though I hope with increasing freedom to pursue its work, that I am willing to see the three-year course to which I looked forward years ago with ardent hopes, reduced to a period which can be properly used within the hospital. It is not against three years of training in itself, but three years within the average hospital that I find myself ranged. The appeal made by the Society of Superintendents of Schools of Nursing to the Carnegie Foundation in 1911 to make a study of the work in schools of nursing, testifies to our growing anxiety over our educational problems which we seemed powerless to solve unaided. That foundation was then otherwise engaged and could not help us. Ten years later, however, such a study was in progress. The developments in the field of nursing had reached a stage where a serious study of the methods of training had become imperative and financed by the Rockefeller Foundation, directed by a Committee representing medicine, nursing and the laity, the entire system of education in nursing has been subjected to careful scrutiny and impartial evaluation. The study has occupied three years, was conducted by experts in various branches of education, and guided by a trained investigator of eminence in her particular field—Josephine Goldmark. This study with the full report, which has just been published, is an event of the first magnitude for us—and it is difficult to estimate in any adequate way the effect which it will have upon the whole nursing situation.

Already it has clarified to the public mind a number of obscure or complex issues, and has served to set in motion that discussion and consideration of the desired changes in method which is the first step toward their realization. Every nurse should not only study this report, but should bring it to the attention of as large a number of others outside of nursing as can be reached. The Report should be in the hands of all hospital trustees and of physicians concerned with the education of nurses.

Surveying the course of events during the years in which we have been struggling with our educational problems, one is tempted to wonder if the decisive moment in our educational progress may not have come unseen and unrecognized on the day when some part of the education of nurses passed out beyond the hospital and into the university, into an institution which did not need or desire to make use of the services of students, the day when Isabel Hampton with the support of this Society prevailed upon the Dean of Teachers College to open the doors of that department of Columbia University to graduate nurses. For within a few years an organized body of instruction for nurses was built up there, a professorship in nursing established, and the first endowment for the university education of nurses received, through which the college was enabled not only to develop its existing work, but to lay the foundation for the training of public health nurses. Within a few more years, that valorous friend of nursing, Dr. Beard, has brought about the establishment of a university school of nursing in Minnesota, and now this has been followed by similar schools in other states, as you all know. The past few weeks have seen another step forward in the founding of two more schools of nursing, on a distinctly new basis. These are the schools at Western

Reserve University, Cleveland, endowed by Mrs. Chester Bolton, and at Yale University by the Rockefeller Foundation. Greatly as we have rejoiced in every new link which connects nursing with the university, we have here cause for deeper satisfaction. Schools of nursing in the past have all lacked two great essentials, first, adequate funds for their support; second, an administrative body charged with the responsibility of conducting educational work. What sets this new school at Yale University far in advance of any other in its possibilities is that it has seen these two conditions as fundamental to the proper education of nurses. The school is to have its own funds (I deliberately put these first), its own Dean, faculty, buildings and equipment. Although the plans are not fully formulated, there is little reason to doubt that the school at Western Reserve University will follow a somewhat similar plan.

So at last we have reached the stage where these things, the every day conditions of other forms of professional education are now to be applied to the education of nurses. The school at Yale University is avowedly committed to an experiment, a much needed and most important one in our educational field. Our Miss Goodrich, who has undertaken this task, is by temperament and habit a pioneer and a resolute and adventurous one. She has no fear of treading any new path. Her capacity for brilliant leadership is well known, and her long and richly varied experience in administrative tasks in nursing will enable her to make the fullest possible use of the inspiring opportunities and resources before her. The loss at Teachers College of her devoted work for our students is very great. No one can take her place. But our interest in the important educational experiment she is courageously

attacking is almost as great as her own—our anxiety to help forward experiments and advances in the education of nurses is part of our very being, and of our reason for existence.

The picture of the growth of nursing as I have tried to sketch it outlines only main factors in our progress and not probably even all of them. How coldly bare and formal it all sounds in the mere recital, how full in actual life it has been of warm devotion and of splendid energy, of heroic tasks carried through with unfaltering courage and of common daily tasks patiently and faithfully fulfilled. Our golden age, however, is not in the past, it is in the future, and the best inheritance we can carry over from the past is the spirit which has brought us through these difficult years, with undiminished courage and unshaken faith in the beliefs and principles for which we have striven, the spirit which leads one to seek ever for a better way, leads one to question, to search, to grope for the right solution to the difficult problem. Guided by it one may falter, one may fall, but the spirit which giveth life survives error, survives even failure. It alone leads to progress.

DEVELOPMENTS IN TEACHING SINCE 1873¹

I AM very sorry that I have not had time to give any preparation to the interesting subject assigned me and therefore can only speak to you most informally. It has been refreshing indeed to listen to these carefully prepared papers on teaching and to realize the strides which have been made since the first training schools for nurses arose in this country. Their first task was to clean up the hospitals in order to make good nursing possible in them. This they did, taking over the entire nursing service so thoroughly and effectively that it became and remains to the present day the first charge upon the energies of all of our schools of nursing. Virtually our whole educational system has had to be built up within, or after the full day's labor in caring for the sick. There was hardly anything to offer pupils in those early years outside of the hospital wards.

Such theoretical instruction as was given consisted for years of one lecture weekly by a physician on the treatment and care of various diseases and these lectures were always voluntary contributions. One of the older generation of nurses told me how often the heavy demands of the wards made it impossible for all students

¹ Based on notes of a talk given at the 29th annual meeting of the National League of Nursing Education, held at Swampscott, Mass., June, 1923.

to attend this weekly lecture and it was always arranged that some student would be chosen to take very full notes and read them later to the assembled group of less fortunate students. Lectures at that time, apparently, came into the category of privileges like hours "off duty," to be granted "hospital duties permitting." At a later period these lectures were supplemented by a weekly period of class instruction, given by the superintendent of nurses, or by her assistant if she had one.

When, years later, the Johns Hopkins Hospital School of Nursing was opened, Miss Hampton tried the experiment of having two lectures weekly by physicians, but this was ahead of the time and had soon to be abandoned. The students had no time for the further study which two lectures weekly called for. Of course the prevailing custom then required students to write up their lectures in detail and submit their note-books for examination, an unprofitable use of both students' and teachers' time, long abandoned elsewhere.

The hours of duty were pretty universally and for a long time, about ten hours daily, a condition of things which of itself would make any respectable scheme of instruction either impossible or useless. Later, in the better schools, the hours of duty came down to a somewhat variable nine hours daily and there it still remains in most schools.

The course of training covered two years, but what this actually meant for the pupil nurse was a first year in the hospital in training and a second year of nursing in families outside to whom they were assigned by the school, payment for their services going directly to the schools at first and later to the hospitals. This use of pupils became pretty firmly established and I recall that at one of the first meetings of this society a vigorous reso-

lution was passed condemning the practice as a serious injustice to the pupil; but whether this ever got to the hospital authorities, I do not know. Since then private wards in hospitals have developed greatly, the use of students as special nurses became widespread, grew into a serious abuse and now is declining. The devastating effects of this practice upon an educational system are easily seen. Another equally questionable use of pupils which had its origin in the earliest days, has grown into a prevailing custom and a truly formidable evil to deal with, was that of requiring pupils in their second year to serve as head nurses. Thus their time was not only occupied in responsible official services which form no essential part of a nurse's training, but what is of even graver importance, placed the training of the young pupils largely in their hands.

Roughly outlined, the picture of those early schools would show no suitable class-rooms, no laboratories, nor teaching material of any consequence, no libraries, and no teaching staff beyond the weekly lecturer and the superintendent of nurses. For years the single textbook on nursing, beyond Florence Nightingale's inimitable "Notes on Nursing" was the small but interestingly written volume by Clara Weeks, which combined with nursing procedures a little anatomy, some materia medica, dietetics and ward management.

It is perhaps fair to ask how under such conditions as these early schools presented, it was possible to produce such excellent results. For few things in our whole history are clearer than that the nurses at that time were in the main, women of unusual skill and competence, —in some instances, of quite extraordinary ability. I always answer this question by pointing out that they were not the usual type of students, but were usually

women of maturity and experience and with the best education that the period afforded. A good many of the women who entered these schools were already trained teachers and of their recognition of the educational problem which the schools presented we have considerable evidence. It is reasonable to suppose that they were able to take fuller advantage of the meager opportunities available, than could the younger women of later years, who bring a totally different kind of education and little experience in life. Perhaps also those first nurses realized that they were shaping the methods and ideals in a new and important profession for women. What they actually entered, was, at the time, however, a very old field of human labor, with a great past tradition of heroism and service and an entirely undeveloped educational scheme full of glowing possibilities.

Things advanced rather slowly, it seems to us, in looking back over the first twenty years, but at the end of that time there began a series of advances and reforms which were of much importance in their effect upon teaching. The first came in 1896 with the introduction in one or two schools of a radical change in which the course of training was lengthened from two to three years, the eight hour day was adopted, and the customary payment of money to pupils was abolished.

The next important event which came soon after, was the opening up of the course for training school superintendents at Teachers College and at very nearly the same time came the development of the preliminary course in training schools. Almost immediately following this, came the enactment of the first laws regulating the practice of nursing and prescribing the amount and kind of training which should be given.

The extension of the two year course to three years,

was a logical step forward at a time when it seemed to have become evident that the amount and kind of teaching needed to prepare nurses adequately for their future work, could not by any effort be brought into the two years under the then existing conditions and prevailing ideas. The three years were designed to provide time for the expansion of existing courses and for the introduction of new subjects and services, and to allow time for teaching them adequately.

Wherever the money allowance formerly paid to students was used as the plan intended it should be, to pay the salaries of additional teachers and supervisors, there of course the students were better taught and supervised. Wherever the shorter day which was a part of the plan was established, the students had some little margin of time available for study. The three year course of training was speedily and widely adopted, because it was so manifestly to the advantage of hospitals that it should be, but schools generally found themselves unable to bring about the other conditions needed, to make the three year plan educationally effective. Even to-day, over twenty-five years after it was first initiated, a mere fraction of our schools have an actual eight hour working day, though this was regarded as an essential part of the three year plan. Nevertheless, the change did serve on the whole to give a decided impulse toward better teaching and to set in motion new ideas about the education of nurses. Improvements were made in a good many schools and the period marked the beginning of some important reforms.

The introduction of the Preliminary Course went a long step further. It made possible a thorough reorganization of the curriculum; it brought the sciences into their proper place and added new subjects; it pro-

vided for the payment of salaries for trained teachers and called for suitable teaching equipment. In setting aside a definite period of time, free from hospital claims, to be devoted to systematic instruction in required subjects, it became for the first time possible to set up the idea that instruction should be paid for and to ask tuition fees. The preliminary course was a genuine advance in educational method and notable improvements date from that time. A point not generally noted is the frequency with which it has served to enlist the interest and coöperation of other educational institutions, providing as it were the first connecting link between them and schools of nursing. Thus better teaching has been brought into these schools and a livelier interest stimulated in the whole educational problem in nursing.

It is impossible here to go into a discussion of the laws relating to nursing and their effect upon teaching, that would be a chapter all by itself. It would be difficult to overestimate the value of the influence they have exerted over nearly every phase of instruction and in considerable measure over the hospital conditions which have always to be reckoned with, in efforts to improve the education of nurses. They have performed the great task of defining clearly and establishing publicly the fundamental essentials required in such education.

The other event of this period and in certain ways the most far-reaching of all, was the opening up in a great university of courses of study for graduate nurses. The title which the course of study at Teachers College held for the first ten years, "Hospital Economics," shows clearly that it was designed to meet the needs of those directing Schools of Nursing in which hospital service was a predominating factor. During those years the

courses dealt mainly with administrative problems and a definite program of preparation for teachers in these schools, did not take shape until the appointment on the staff of Isabel Stewart, a trained teacher of experience with a scholarly mind and an enthusiastic interest in the education of nurses. She was not only able to make effective use of the peculiarly valuable opportunities offered in Teachers College for the training of teachers, but she created new courses dealing with the special problems of teaching in schools of nursing. Her best energies have been unweariedly held to the purpose of improving standards of teaching in these schools, in the only way in which they can be improved,—through adequately equipped teachers. The demand for such teachers has been for the past few years, far in excess of any possible supply, with the number of suitably qualified students who come to prepare for this branch of work. And here let me say how important it is that the superintendents of our schools should coöperate wholeheartedly in advising and helping their best qualified graduates to turn to teaching as a career and to secure the special preparation required for it. We have something like 1800 schools and every one of them needs teachers. It is hardly reasonable to expect that enough nurses of special ability and able to meet this great demand, can be drawn from a few schools only.

A further word should be said here about the importance of developing more courses for the training of teachers. It would be a boon to our schools of nursing if there were well developed courses of this kind, in the far and in the middle west; in such places for instance, as San Francisco and Chicago. Every effort to establish them in such suitable locations should have strong endorsement from this association.

The work of teaching in schools of nursing as it is now developing, opens up an attractive, useful and satisfying opportunity. The range of subjects to be taught is large and varied and rich in human interest. The students bring a strong incentive to their work and are eager for that knowledge which will help them to answer the questions constantly arising in their daily tasks, in the hospital from which they come directly to the classroom and to which they return at the close of instruction. The teacher of nursing has a unique opportunity to test in many ways the efficiency of her own methods. She is free to move about the hospital and watch her students at work, to follow the progress in medical discovery and consequent changes in treatment, and to talk over with the physicians of the staff any educational problems concerning which she needs advice. Indeed, it is obviously her duty to do all these things.

The teacher is a comparatively new element in the training school staff, and there are naturally questions yet to be settled in her work and relationships. Perhaps the most serious of these at the moment, concerns the excessively large burden of teaching and in a variety of subjects which she rather frequently has to carry. No teacher can be adequately prepared to teach, no teacher can effectively handle as large a number of subjects, nor can she teach as many hours as are now often required. It takes usually several years of hard special study, to prepare one to teach any of the sciences well, yet nurses with slim preparation are frequently asked to teach several of them. As a matter of fact, the day is passing when nurses should attempt to teach any science without having secured such preparation as is required of other teachers in that subject. While all of our educational work was in its early stages, it was

entirely proper for the one teacher who could be afforded (always a nurse) to take hold and do her best with whatever had to be done and with the resources available, and nurses have grappled both intelligently and courageously with the teaching problem which confronted them. And I have no doubt that a nurse, other things being equal, is the best teacher of science in a school of nursing, since she knows how to relate it to the work for which it is designed to prepare. But I sometimes think, we run a little danger of forgetting that in nursing the great teaching is that which takes place at the bedside and over the patient. In a sense it would perhaps be true to say, that all other subjects are antecedent or tributary to what is taught there. Nursing is our art, in which we must unfailingly excel. To do this, we need apply our very highest energies, striving constantly to gain a truer understanding of our work and toward finer and sounder methods in it. There does not seem to me to be any reason why a nurse with real command of her work should not become as distinguished in her own field, as are eminent teachers in other fields. Our schools should be as noted for their gifted and inspiring teachers, as for their able administrators. Special branches of nursing come to mind at the moment, in which some of our women of intellectual ability, ought now to be preparing themselves to teach the coming generations of student-nurses.

Among the things for our teachers to keep in mind, two stand out as worthy of mention. The first is the need for continuous study of the effect upon existing nursing methods, of the new discoveries which are constantly taking place in medicine and science. Some of our teachers should be carefully prepared for such study, and should devote a good deal of time to the most search-

ing test of nursing procedures in the light of these new discoveries, with the view of enriching our knowledge, enlarging our understanding and of bettering our methods of work.

The other matter is the equally urgent need of watching the field in which nurses are occupied and the nature of the demands which are being made upon them. Where do they excel in their work? In what way do they fail to meet the just expectations of those who are relying upon them? It seems to me essential that the teachers as well as the superintendents of our schools should follow their students out beyond the doors of the hospital, and enter into their labors and difficulties. We are for instance, confronted with the fact that a very large number of our students are entering the public health field. No matter how much special preparation they may later secure, the right foundation must be laid during their nursing training. That has been largely and necessarily occupied in the study of the treatment of disease, but such study in future must penetrate more deeply into the causes of disease and into methods of preventing and controlling it. But this we are beginning to recognize as an important part of the training of all nurses, since no one of them is free from the obligation to use to the utmost the quite exceptional opportunities which continually come to nurses in the ordinary course of their day's work, whether that goes on in a private household, or in a public institution.

All nurses must in the future be armed with knowledge of the best ways of ensuring healthy motherhood and childhood. All nurses must gain a better understanding of the minds of those among whom they work.

These are some of the things to form an essential part of the foundation which the school of nursing must lay,

and unless this is solidly built, vain will be our efforts to rear the nursing structure of our dreams. To help lay this foundation is the truly great task of our teachers in schools of nursing and I know of no greater opportunity awaiting women anywhere. It opens out a wide, vital, hopeful and most inspiring realm of teaching.

APPRENTICESHIP TO DUTY¹

I AM here to-night rather because of a great desire to see you collectively, than by virtue of anything which I can bring, for it is hard to imagine that my many colleagues who have been teaching and addressing you during these weeks have left much that is of interest or importance to be said. All summer long, it seems to me, I have been listening to echoes from these class-rooms, and have been catching at a distance something of the glow of enthusiasm which has illumined your days of preparation in the "threshold sciences" through which you enter upon your chosen task.

I have been reminded that some one spoke of the training camp at Plattsburg as "the greatest spiritual experience of his life." He did not mean in the ordinary religious sense. It was the spirit of exaltation of teamwork, the reaction that comes to a man when he harnesses himself to his fellowman in carrying out a great common purpose. In certain ways, this war which has become our life, has greatly simplified things for men; it has removed from them the responsibility of choice of action. The country knows what it wants of its men in war time. For women, war complicates the

¹ Speaking to the students of the Vassar Training Camp, September 9, 1918.

situation. No country has ever known what it really needed of its women in war time. It may have accepted and permitted many kinds of work, but it has directly called for few, and the procession of untrained women striving to fit into a world at war has been a vastly disturbing sight to witness. England and France have, however, made some valuable discoveries during the past four years as to what women can do, and America is adding to them. You may perhaps recall Hugh Britling's letter to his father suggesting that some of the million superfluous women of England were needed in the army for such indispensable duties as cooking, mending, and other familiar household activities.

There are, however, a few bodies of trained women to whom the country has said definitely, "We need you." Miss Hubbard in a recent issue of the *New Republic*, says on this subject: "The only women that the authorities over there really want are the trained nurses. Never in the world has any woman been so wanted as the trained nurse is wanted now." This is partly because the Medical Department of the Army is making a superb effort to clarify the whole nursing situation, and for the first time in history, to place and keep the care of its sick men in the hands of trained and skilled women, and partly because we are better understanding the real meaning and the value of such training. It is our own President who has said, "This is no war for amateurs." I would go farther and say, this is no world for amateurs.

Addressing his contingent of the National Army in camp some time ago, Major General Leonard Wood said:

"The war will be won by well trained and well disciplined men. We must have ammunitions and arms,

we must have all the machinery needed for the war, and there will be no lack of money to pay for it. We must have all the airplanes that we can build, and our air-engines must be perfect. But above all, we must have trained and disciplined men."

It will hold equally true, that if the nursing forces with the Army are to give the best of which they are capable toward winning this war, they must also be made up of well-trained, skilled, and disciplined nurses.

Mrs. Anna Richardson recently returning from a tour of inspection in France says: "Our nurses are 100 per cent efficient because they are trained and under military authority." It is due to skilled nursing as well as to remarkable surgery that so high a proportion as 80 per cent of wounded men are said to have been returned to the front to fight again. A commanding medical officer, for three years in charge of one of the great Canadian hospitals in France, in speaking of the 100,000 casualties which had passed through his hands, with an almost incredibly low death rate, said to me that this was due in large measure to the fact that he had depended upon fully trained nurses. It is our very great hope that we may be able to continue to provide this kind of care for our men in their dire extremity, and to help in carrying out this idea was a part of the large purpose of the Vassar Training Camp.

For while the nursing resources of the country are large, the army is increasing steadily, and we may not be able to provide graduate nurses rapidly enough to meet the demand. The next logical, direct and immediate source of supply lies in the senior classes of our civil schools of nursing and these students who have already had approximately two years of training would

make an admirable addition to the regular nursing service,—the very best, in fact, that could be found. They can only properly be released, however, where the increase in the entering class is sufficiently large to replace them. That increase in the student-nurse body which has been going on for over a year and which has now been brought up to several thousand and which you will augment, should serve to release soon a considerable quota of senior student nurses for our Army hospitals. Later on, the Army School of Nursing which is now in the beginning of its work, may be looked to, to largely increase our nursing forces.

Our civil hospitals are in this crisis more than ever dependent upon their training schools for nurses, since these students are doing most of the actual nursing work. In so doing, these students are giving service that is indispensable; in so doing, they are receiving training and experience that is essential to prepare them to meet the various needs in the field of their profession. Our hospitals have leaned for nearly half a century on this system and while there is a kind of reciprocity about it that is peculiarly satisfying so long as equitable relationships are preserved, the whole system has reached a state where it merits most careful study as an educational method and this it will doubtless ultimately get. What chiefly concerns us now is that this system which is all we now have to lean upon should be kept at the present time at its highest level of productive efficiency.

Shortly, you will be entering these hospital training schools, taking your place there in the nursing service, working in an ordered scheme of things, not with imaginary situations, but with living realities—with the very stuff of life. The sturdy spokesman for the Seamen's Union speaking of the training of seamen said, "The

sea being itself real is little tolerant of inefficiency and imposture." And of men trained on land instead of sea he said, "They are in no real sense seamen. Men cannot be made into seamen in training camps on shore. Seamen are not made that way," and he adds that the least time in which a seaman can be made is three years. "The hospital is the only place in which nurses can be trained," said the great founder of modern nursing. And she knew, as every real nurse knows, that it takes years to make a good nurse.

I have often thought that if William James had known much about hospital training schools he would have held them up as shining examples of the kind of life which could provide the necessary "moral equivalent of war." You will remember his argument, that peace neither ought to be, nor could be permanent on this globe unless we preserved some of the old elements of army discipline—for "courage," he says, "contempt of softness, surrender of private interests, obedience to command, must still remain the rock upon which states are built." But he thinks that this heroic type of character can be bred without war.

"Strenuous honor and disinterestedness abound elsewhere," and he goes on to say that "priests and medical men are in a sense educated to it. We should all feel some degree of it imperative, if we were conscious of our work as an *obligatory* service to the state. We should be owned (as soldiers are by the army), and our pride would rise accordingly. The person who has gone through hardships treads the earth more proudly."¹

H. G. Wells, in his *First and Last Things*, takes the same point of view.

¹ "The Moral Equivalent of War." *Memories and Studies*, William James. Longmans, Green and Co., New York, 1911, p. 292.

"In stepping from the street to the barrack yard," he says, "one enters an atmosphere of service and co-operation and of infinitely more honorable emulations. Here, at least, a man is supposed to win promotion by self-forgetfulness, and not by self seeking,"

and he believes that

"the conceptions of order and discipline, the tradition of service and devotion, of physical fitness, of unstinted exertion and universal responsibility, which universal military duty is teaching European nations, will remain a permanent acquisition when the last ammunition has been used in the fireworks that celebrate the final peace."¹

Upon similar exalted traditions and ideals our nursing structure was founded, and though the touch of time has dimmed somewhat their early radiance, in nursing as a whole you will find, I think, that they are still fresh and living. It has been the fashion to cavil somewhat at hospital discipline, to assume that it had hardships and indignities that no free-born young woman bent on preserving her own individuality would endure. Just at the present moment we are not perhaps so greatly concerned, as we have been, with ourselves. Perhaps we are seeing that the higher individualism may consist in throwing our own effort into the stream of some greater effort, and that true freedom comes not, but by order and discipline, and perhaps we may come eventually to realize that the hospitals in which we work are in a real sense battlefields where men and women and children are fighting for their lives. In their struggle

¹ *First and Last Things*, H. G. Wells. G. P. Putnam's Sons, 1908, pages 215, 227.

and their dire need of help they have come to us, trusting us to throw our strength and skill in upon their side, to fight with them the unseen enemy. Whoever undertakes to share that conflict must acquire whatever is necessary for the task, and lift herself to the required level of endurance, of self-denials and of loyalties.

More than half of my working life has been spent in a great hospital, and I have become familiar with many others both in this country and elsewhere. I have found in them, and particularly among nurses, the purest unselfishness, the sternest devotion to duty, the simplest and most unaffected bravery and the richest traditions of disinterested service that I have ever known. I believe that you will find them there also. The hospital of the past was the outcome of humane and ennobling ideals of service to one's fellows, and in spite of all the vicissitudes of history which have made it now the engine of the church, now the plaything of politics, or the path to fame of the ambitious, or have even abased it to clear commercial uses, to me it still stands in all its early beauty as the Hotel Dieu, the House of God. We may have great and imposing buildings, the last word in hygienic and sanitary appliances, dazzling operating rooms and laboratories, but that stricken human being lying there has many needs that none of these can satisfy. We must lean also upon the soul and spirit of the place to sustain and strengthen him. Such a soul and spirit many generations of workers,—nurses, doctors and others, have constantly striven to keep alive in our hospitals.

I wish I could find words to picture nursing to you as I see it. It is to me one of the most beautiful and tender of all the arts of life. The very words hold a bountiful and spacious significance. An English writer, Saleeby,

seems to have caught something of that meaning. He says that surgery means hand-work, and that the only reason why nursing, which embraces so much hand-work, does not come under the category of surgery is that the word is so much richer and more beautiful, containing the idea of nourishing and tending. So far as words go, the surgeon, he says, manipulates—the nurse sustains. Even the dictionary spreads out a large basic conception of the word. It is “to raise by care, from a weak or invalid condition,” or as a synonym for “nurture—to educate, to train,” as well as “to nourish and tend.” Nursing holds hand-work, yes, but in much the same sense as do music, painting, sculpture. “But what is marble,” said Florence Nightingale, “compared with the living body—the temple of God’s spirit?”

One cannot hand the art of nursing out to anybody. The tools of nursing are many of them simple enough, but the range of sources from which they are drawn must be very wide, and their uses perfected by long and arduous effort. Senses and perceptions must be trained to their finest adjustments. Behind that quick sure touch, that fine and delicate manipulation, must be months of toil and practice, experiment and failure, as well as progress. Behind that sure judgment lie long stretches of experience and careful study of persons and situations; of comparison of methods and results. The relation between patient and nurse is a peculiarly intimate and vital one, and it should contribute richly and constantly to our knowledge and understanding of our art. It should be preceded and accompanied by carefully directed study of the interdependence of mind and body; of those psychological truths which can serve in some measure to guide us in the conduct of helpful human relationships. Every branch of nursing stands in need

of just such serious and scientific study of the problems inherent in its particular sphere. Emphasis has been laid in nursing always on the development of skill in technique, and that is essential but equally so will be found training of these other kinds, if we are to prepare nurses adequately for the infinitely varied and complex needs which are inherent in the work awaiting them.

When I look back over the developments in nursing which have taken place mostly within my own working life (nearly thirty years), I am stirred profoundly in realizing the nature and extent of the contributions which my predecessors and co-workers have made to the well-being of this country. There were but thirty-five training schools in the country when I entered the Johns Hopkins School of Nursing in 1889, one of its first little class of students upon whom, I hardly need tell you, the weight of the whole world rested. There are now nearly sixteen hundred schools. There was then but a mere handful of graduate nurses in the whole country. There are now about one hundred thousand of them.

The professional field is fairly well organized. It has three large national associations, the oldest, the League of Nursing Education, composed chiefly of training school principals and teachers; the youngest, an active and flourishing body devoted to public health nursing. There are also state associations of nurses in almost every state, many city and country associations and hundreds of *alumnæ* associations. There are also the Department of Nursing of the Red Cross to which you owe so much, and the Army and Navy Nurse Corps.

There are three important professional journals, two of which at least are owned, managed and edited by nurses, and there is a growing body of literature in nursing coming from within the ranks of nursing. But a

few years ago, almost all of the text books for nurses were written by physicians. We are just now noting with pride that during the past few years, three of our most able nurses have received honorary degrees, the last one being Mary Gardner, now on her way to inaugurate some public health nursing in Italy, whose unique work in public health nursing in Providence has just been fittingly recognized by Brown University.

Within the training schools, the advances have been greater than would seem to those unfamiliar with the schools of twenty-five years ago. Beginning with a course of training in the hospital covering one year, the period of training has been pretty generally extended to three years. Of faculties there were none in my day. The superintendent of the entire nursing service of the hospital (which might be carried on in many buildings) was also the principal of the training school. She was also frequently her own assistant and the only instructor in nursing there was. Lectures by physicians were carefully limited to one hour a week (this was of my own school days), and they were given by such members of the staff as could find time to do so. They were always gratuitous, and it should be gratefully remembered that some of the most eminent men in medicine of those days were always ready to give a few lectures to help along the training school. Of the usual teaching material and facilities there were often literally none. Libraries, laboratories did not exist. The hours of duty were usually long, the housing and living quarters frequently inadequate, and the students were given a small monetary allowance to provide their uniforms. To-day many of the schools of our great teaching hospitals show a staff of assistants, instructors, supervisors and salaried lecturers. Libraries and laboratories are

beginning to appear and in a few places buildings devoted purely to teaching are arising. Admirable dormitories for students are now found in many hospitals, notably among the municipal hospitals of some of our larger cities.

Several nursing schools of importance have been established in connection with universities and there is one graduate school or department of nursing at Teachers College, Columbia University in New York City. This was established by a small society of nurses, composed of principals of training schools who wished to provide for their successors, the future directors of training schools and teachers of nurses, a sounder and more liberal preparation for this important work than they themselves had been able to secure. Out of their own meagre salaries the women of this society contributed to maintain the work at Teachers College for the first ten years of its existence. A generous donation toward an endowment was then made by Mrs. Helen Hartley Jenkins, a most notable event, because it marks the first large contribution for the education of nurses since, over half a century ago, Florence Nightingale turned over the gift made her by the grateful British nation at the close of the Crimean War, for the purpose of founding the first school of nursing on a modern scientific basis.

The Nurses' Settlement which has immortalized Henry Street in New York City grew out of the rare creative vision of Lillian Wald; but it was her training and experience in nursing which gave light and life to that vision, and set in motion the impulse from which sprang the vital reality which the Settlement has become. Through it, Miss Wald has been enabled to lead the way in many beneficent efforts to safeguard the health, and to protect the homes and families and the children in

particular, of a great section of the people in her own city. Educational developments in public health nursing owe much to her large conception of the educational functions of the visiting nurse. The teaching problems inherent in this field are numerous and of high strategic importance in the whole public health campaign. Colleges, universities and schools of civics are becoming keenly alive to this situation and specially organized courses of instruction for public health nurses are arising in many places.

The profession of nursing stands therefore, solidly on its record of achievement and devotion to the public good. It has maintained and developed a great system of schools whose product is in constant demand in all ranks of society. It has created associations, journals, literature and laws. This growth, both educationally and professionally, has been carried ahead in this country largely within the last twenty-five years, by women almost entirely, and under such difficulties and handicaps as have beset few, if any, educational movements in history. In our training schools for nurses, every inch of progress has been contested; every additional hour and subject in the curriculum questioned or opposed; everything in fact, which would illumine the pathway of the nurse and lift her to a fuller comprehension of her task, and an understanding of its human values and social importance. A sense, however, of its inherent dignity she herself has never lost sight of. Persons have sat, for instance (some are probably sitting now), in solemn conclave to decide whether four or six lectures on bacteriology would be likely to detract from the usefulness of the young women whose work in considerable degree depends upon an intelligent comprehension of that every-day science. Hours of duty have ever been a

vexed question and under the present system which makes of the student a full time worker in the hospital nursing service, they are a problem. Yet a partial solution, at least, has been found in a few of our leading hospitals, and in California within the last few years the laws of the state have been invoked to protect the student nurse, and the very hospitals which originally opposed the eight-hour day established in them by legislation, and which sought almost unitedly to break it down, now admit that it works well both for student and patient and are proud of it.

Back of our problems in nursing lies a great root problem which governs the whole situation. It is an economic one, and before nursing can render its full service to the world this problem must be given most serious and scientific study and must be in some measure solved. Perhaps some of you may ultimately be in a position to contribute to that study and to help in solving that problem, but you must first give yourselves whole-heartedly to the work that lies in these institutions and do it from the ground up. No understanding of the situation can be reached without full and accurate knowledge born of intimate experience. The nurses of the present generation with meagre preparation and few advantages have brought their beloved profession to the point where it now stands. They have carried the burden and the heat of the day and I hereby pay them my humble meed of affectionate respect and admiration for their achievements. If the nurses of the future work as loyally, as courageously and as steadfastly, if they hold before them the vision of what nursing should be, as faithfully as their sisters of the past have done, nursing will indeed come into her own.

Finally, let me say a word of our nurses in this war.

You may well be proud of them. They still are part of a military establishment without the rank which long ago should have been given them, of which Canada and Australia have been unwilling to deprive their nurses. This country has not as yet awakened to the fact that her nurses have great and official responsibilities; that they are working under fire as courageously as are her men, and should therefore receive at least as much protection and certainly as much honor and distinction as are given to men. Colonel Finney (now General), the Consulting Surgeon for the Army in France, told me last week that for any post of particular danger the nurses all volunteered. From the brave English nurses, who went down with their ship in the Mediterranean, refusing to enter the life boats, and saying, "Fighting men first," to Edith Cavell, saying as her last words before execution, "Patriotism is not enough, we must hold no bitterness in our hearts toward anyone,"—they are living and dying with high hearts and full measure of devotion. It is into the company of such women that you are preparing to enter. And you are, I know, eager to give as they have given, the best that is in you, to your country through faithful service for her people and her institutions.

Yet, knowing the rocks in the journey ahead of you, I am not without moments of anxiety and apprehension. I would that like the convoys that encircle our transports and guard them on their perilous voyage, we could somehow protect you, not against the hardships—never—but perhaps against yourselves. There will be days when everything will seem sordid, when you will be tired and disheartened and ready to give it all up. It will not seem to you worth the effort. But we are relying on you to still see, even though dimly, the "vision

splendid," to listen to no voices of defeat and to realize that,

"Tasks in hours of insight willed,
Can be through hours of gloom fulfilled."

Let the thought of the sore needs of the people who await your ministry fortify you, and let me speak if I may, for the nurses of the country, and say that they stretch out welcoming hands to you as you enter the apprenticeship to duty to which you have dedicated yourselves.

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